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THE BATH AS A HEALING AGENT

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THE bath at present plays such an important part in the treatment of disease that a few words regarding its different uses will, no doubt, be interesting to nurses, especially to those who graduated in the early days of the training-school's existence, or when it was employed only to a very limited extent as a healing agent.

The history of hydrotherapy is comparatively young. It was first proposed by Dr. James Currie, of Liverpool, England, in 1786, who practised it systematically in all forms of continued fever. As a rule, it was employed in the form of cold affusions, the temperature varying with the season of the year from 45° to 60° F. Some ten years later he published his medical reports on “The Effect of Water, Cold and Warm, as a Remedy in Fever and other Diseases.” In this work he described with admirable clearness the class of cases in which he believed the cold-water treatment to be indicated and laid down strict rules for its application. Unfortunately, his followers failed to observe these rules and precautions, and the cold-water treatment gradually fell into disuse. In 1861 it was again brought forcibly to public attention by Ernst Brand, of Stettin, and his persistent advocacy of its merits led to its being called by his name. It was applied in various ways, the most important of which were the tub bath, the cold pack, and the cold sponge. The Brand method of treatment of typhoid fever is now widely employed. It was slow in obtaining recognition in England, and it is only within the past ten years that it has come into general use in this country.

For the administration of the bath a portable tub is necessary. This is filled two-thirds full of water at a temperature of 80° F. and rolled to the bedside. Across the top are three pieces of heavy canvas forty-four inches long, held in place and securely fastened by small metal clamps, an ingenious device invented by Miss M. James, a graduate of this Training-School. This arrangement supports the patient's body just beneath the surface of the water. A rubber ring on the head canvas is used for a pillow. After each bath the tub is removed from the ward and emptied by means of a spigot placed at the end for that purpose. (See Plate II.)

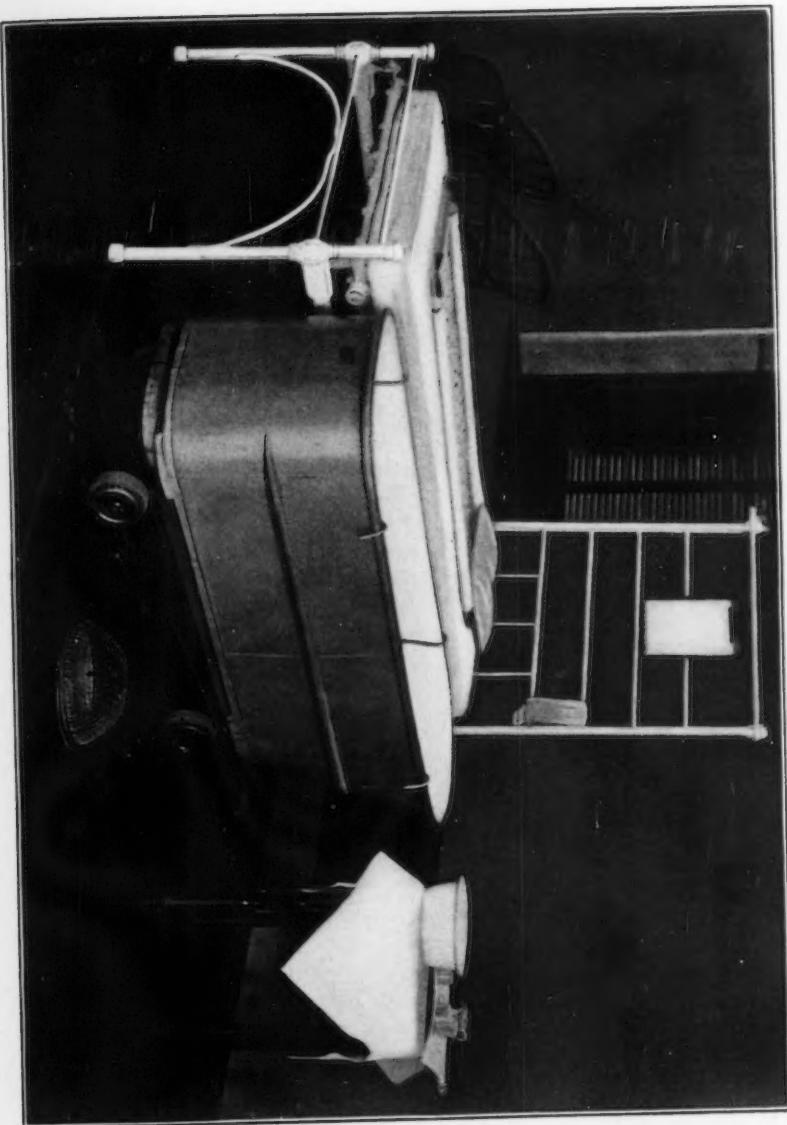
A combination lift and canvas support, lately devised by one of the senior pupil nurses, has proved to be of much value in giving the bath treatment. It is specially adapted for lifting very heavy patients, not only simplifying the work of handling them, but doing away with even the possibility of exertion on the part of the sufferer. The apparatus consists of four stout wooden poles fastened at the corners with strong metal pins. Instead of the solid sheet of canvas, a covering made of narrow strips, firmly stitched together, is substituted. Deep hems on either side accommodate the poles. A rubber pillow in place of the ring supports the head. When prepared for use the patient lies on the canvas in a long, narrow frame, which, in turn, when lifted into the water, rests on adjustable metal braces or hooks at each end of the tub. (See Plate I.)

Not many years ago the bath employed as a remedy in typhoid fever was the only one given in this hospital for medical purposes. The nurse of that day has vivid recollections of the great tub of cold water, with its lumps of ice clinking against its sides as it was rolled into the ward, in which the unfortunate patient was immersed regularly every three hours if his temperature reached a certain height, and the basin of cracked ice which always accompanied it, to be added from time to time during the twenty minutes of torture.

This method gave very satisfactory results, and the wildest delirium usually subsided after its administration. The patients, however, soon learned to look upon it with fear and dread, though there were a few exceptions. One huge fellow of the Russian-Jew type, who could only be kept in bed with the assistance of the straight jacket, was put into his first tub by the combined efforts of seven men. But once there, a remarkable change took place. The look of intense fear gave way to one of amazed and peaceful quiet, and he never ceased to plead for "more tubs," even in his convalescent stage.

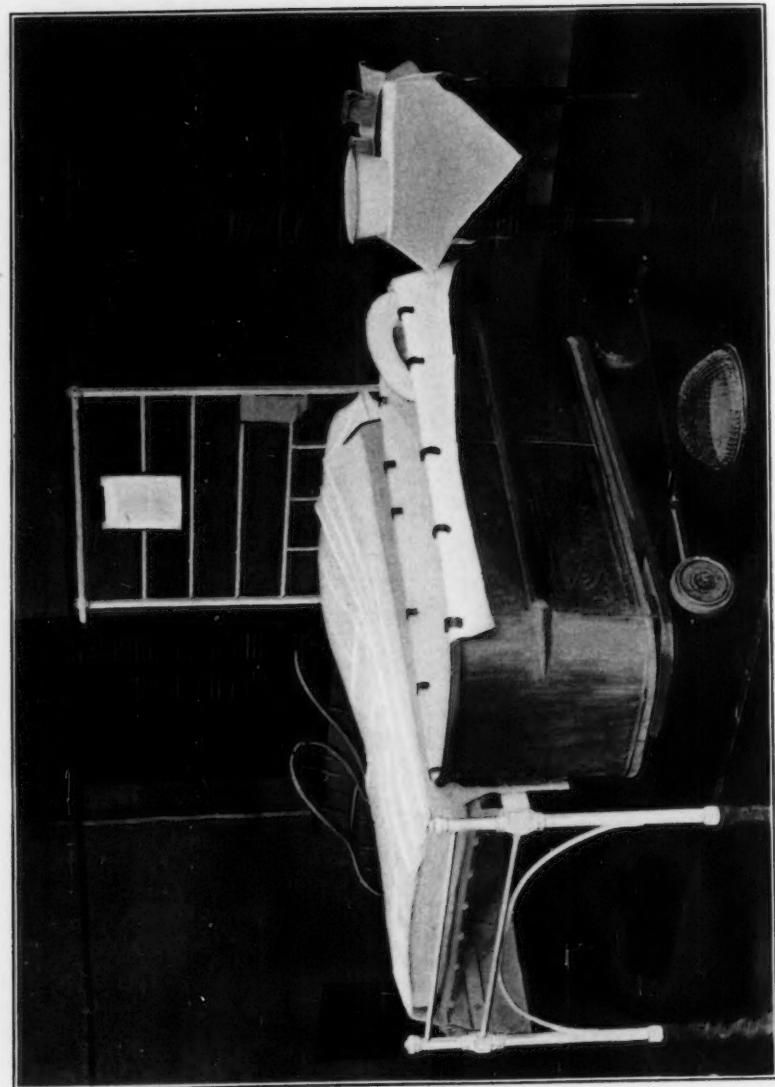
The bath treatment all this time was undergoing the most careful observation and study. Experiments were made, and it was soon discovered that the reduction of the temperature, though greatly to be

PLATE I.



A COMBINATION LIFT AND CANVAS SUPPORT

PLATE II.



MISS JAMES'S INVENTION

desired, was perhaps the least beneficial result obtained. Consequently the temperature of the water was gradually raised to a comparatively comfortable degree and the use of ice during the bath discontinued. In place of the absolute quiet formerly maintained the patient was now given friction of the body constantly, and through these changes it has come about that at the present time the cold tub has practically lost its terrors. In many cases there is no reduction of the temperature, and occasionally the thermometer will register one- or two-tenths of a degree higher, but the effect upon the excretory organs, the stimulating of the heart and pulse, and the deepening and slowing of the respiration are just as marked, and, more important still, an improved condition of the nervous system follows, with lessening or disappearance of the delirium and stupor and relief of the insomnia. Sooner or later, too, the most obstinate fever yields, and the patient slowly but surely returns to health and strength.

A new method of treatment of spinal meningitis has recently been introduced into the medical wards, the value of which has been definitely proven. This consists in warm bathing. It is practically a Brand bath with the temperature of the water raised to 100° F., and is given without friction. The immediate effect of this bath upon the pain and rigidity is noticeable. The muscular contractions become less marked, the pulse slower and more regular, and the temperature falls.

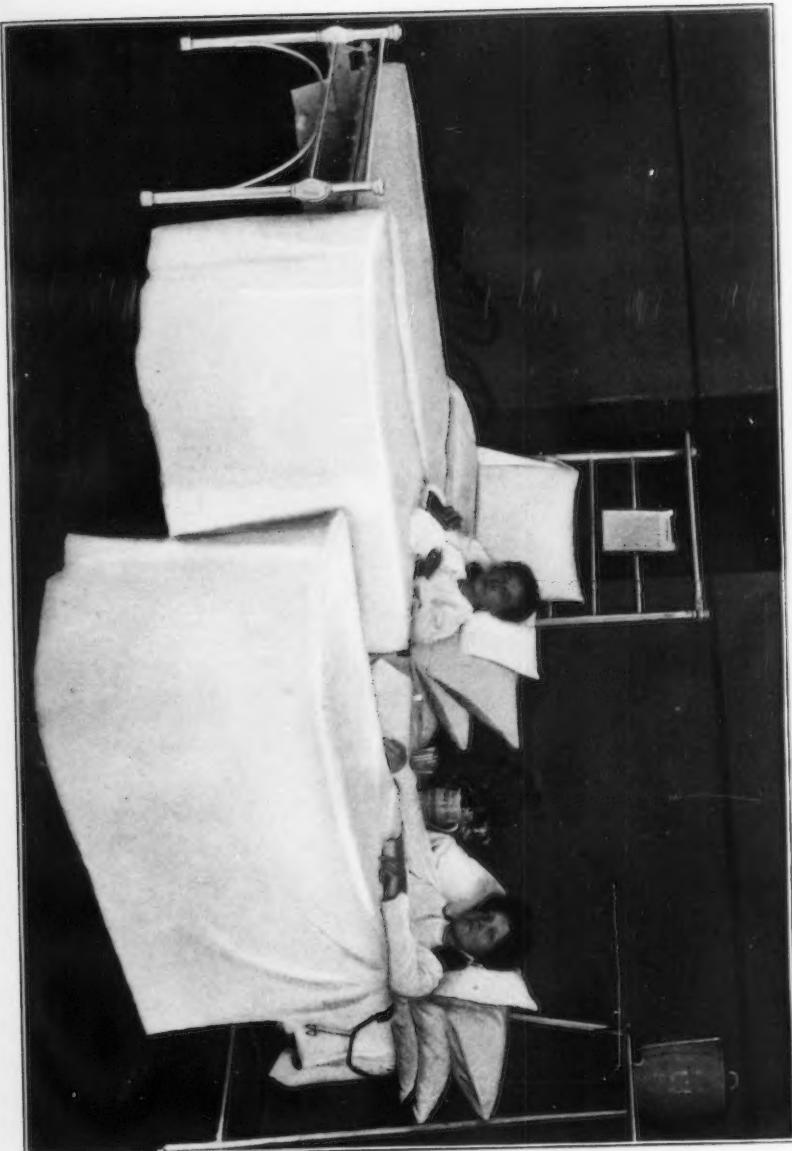
What is known as the continuous tub was first used here in general surgical work, the object being to supply continuous irrigation for infected or suppurating wounds. If an injury involves only the hand or foot, the application of irrigation is a simple matter, requiring only a deep basin and care regarding the temperature of the water. But in cases of leg amputation, compound fracture, or celiotomy the treatment can only be applied by immersing the whole body, and here is the nurse's opportunity to display her ingenuity. The canvases must be so arranged that the patient has a comfortable bed on which to lie, at the same time the affected part must be kept free from contact with them in order that the irrigation may have free play against the wounded surface. The temperature of the water must be kept at from 98° to 100° F. continuously. This involves frequent changing and great care on the part of the nurse, not only to prevent burns when the hot water is added, but every precaution must be taken to protect the patient from sudden chill and, perhaps, consequent pneumonia, which may follow a careless arrangement of the covering and an exposure to draughts or the cooler atmosphere of the ward. Plain, clear, but not sterile warm water is used as a rule. Occasionally normal-salt solution, boric-acid solution, or a weak solution of the bichloride of mercury are substituted. This

method has also been employed very successfully in the treatment of burns, especially where the injury covers a large surface of the body.

In gynaecology the use of the continuous tub is becoming as much a recognized form of treatment as the baths in typhoid fever. In certain bladder and rectal cases, or where for any reason there is a constant irritating discharge, the tub is almost indispensable. Whether a vesical fistula has come about as the result of accident or has been artificially created for the purpose of placing the bladder in a state of rest, there is nothing more beneficial or grateful to the patient than to spend eight or ten hours daily in a tub of warm water. Not only are the discharges constantly washed away and the patient kept cleaner than by any other means, but all irritation and excoriation of the skin are done away with, and the odor so frequently present in cases of this kind is completely abolished. In cases where continuous bladder irrigations are in use there is practically no alternative. Unlike the surgical method, the gynaecological patient is not deeply immersed in water, as might be supposed. The canvases are arranged in the following manner: The first, or "head piece," is drawn taut and clamped across the upper end of the tub; on this rest the pillows, two or more, as many as may be required to support the patient at a comfortable angle; the lower one has a rubber cover to allow for accidents. The second canvas, on which the patient sits, is an inch or two below the level of the water, with which the tub is half filled, and the third is placed across the lower end of the tub and raised an inch or two above the water-level. On this the patient rests her feet and legs, consequently she sits in only two or three inches of water, or just enough to cover the perineum. Care must be taken in clamping on the canvases to adjust them to individual needs, as half an inch too low or too high will make the difference between a day of comfort or one of actual distress. After the patient is in the tub, a framework of board is placed across the top of it, making a convenient table upon which to rest her arms while reading or sewing, such patients as a rule being well enough to keep themselves thus occupied. This is covered by a blanket, which absorbs and prevents the dripping back of the moisture, which in turn is covered by a large mackintosh to prevent the escape of heat. The whole is then covered by a sheet or spread, and with its corners neatly fastened down presents an appearance as attractive as it is comfortable.

For the continuous bladder irrigation this arrangement of the tub is invariably used. The irrigating-jar is made, preferably, of white porcelain with a close-fitting cover and has a capacity of twelve quarts. The stand which supports it is about five feet high. There is a small opening at the base to which a long rubber tube is attached; this in

PLATE III.



THE CONTINUOUS BATH



turn is joined, by means of a glass tube or nozzle, to the catheter. Plain, warm, sterile water or boracic-acid solution is used, and the flow is regulated by the height of the stand or by compression on the rubber tube with a clamp. While in use the irrigator must never be allowed to empty itself completely. It requires refilling every two or three hours. An ordinary glass jar or bottle may be substituted for the irrigator, in which case the flow must be started by means of a siphon.

Like the surgical tub, the temperature of the water must be kept at 98° F. to 100° F., and the same precautions taken during the changing process. When a constant irrigation of the bladder is in use, it is necessary to change the water oftener to prevent overflowing.

Although the continuous bath is now a well-established and much valued form of treatment in the several departments of the hospital, it has as yet no special portion belonging to it exclusively, and is, as a rule, relegated to the corners and out-of-the-way places. Consequently the changing process is the nurse's problem. She must note the temperature of the water frequently and change promptly when the thermometer indicates a fall. This varies with the season of the year from one to three hours. The method is very simple. It consists in drawing off from the spigot at the end of the tub several gallons of the tepid water into a large pail or tub. This is replaced by an equal amount of hot water poured in slowly and carefully from the top. The nurse must be constantly watchful that this is done at such a safe distance from any part of the patient's body as to avoid any risk of injury by burning.

The ideal tub, with its special heating and plumbing apparatus and its continuous flow of pure, clean water, will come some day, but at the present time it will be seen that the care of continuous-bath patients is somewhat laborious, requiring constant watchfulness and the exercise of much good judgment. It must not be supposed, because they are so much in the water, that for such patients the bath for cleanliness can be omitted. The necessity for keeping the skin in good condition is even greater than under ordinary circumstances. It is also advisable to apply an ointment to the surfaces exposed to moisture. Lanoline is excellent for this purpose.

The amount of comfort these patients derive from the continuous-bath treatment is indescribable. No matter how glad they may be when the time comes to get out and take a little exercise, as many of them are able to do, after a night spent in bed with even the most careful attention to the changing of dressings and linen, they are always glad to get back into the water again the next morning.

TYPHOID BATHS

BY A GRADUATE

of the Presbyterian Hospital Training-School in the City of New York

THERE is very little, if any, doubt that in typhoid fever the most efficient treatment and that securing the best result is the cold bath.

These baths were first recommended by Currie, in England, in 1786, but were used with indifferent success, because no proper means of giving them had then become systematized.

They were, however, resuscitated by a German, Brand, in 1861 with great success. The method was very little known in this country previous to 1888-1890. About 1890 the Johns Hopkins Hospital brought it into more systematic and general use, and it was gradually adopted by all the large hospitals in the country. To-day the mortality in typhoid fever is reduced from twenty-five to seven per cent.

The baths are given in various forms, but where the temperature and physical condition of the patient warrant it, the "tub" bath is in most general use when practicable.

In private practice it is not always possible nor advisable to resort to the "tub," and what is known as the "sponge" bath is in many cases substituted, but in hospitals the "tub" is most frequently used.

The bath-tub is drawn up beside the bed, three-fourths filled with water of a temperature which the physician invariably orders, usually 80° F. for adults and 90° for children. In cases where the temperature keeps high and rising, the water is gradually reduced to 75° and even 60°. Across the head of the tub, suspended by a strong cotton band, is a small-sized rubber air-ring, which acts as an excellent rest for the head during the bath. A small table upon which is a basin with ice and compresses for the head, a bottle of alcohol, a watch, and some towels stands within easy reach at the head of the tub. If previously ordered by the physician, a half ounce of spiritus frumenti is given fifteen minutes before the bath. When all is ready, the patient is protected about the abdomen and loins with a narrow, straight binder, and carefully lifted and placed in the tub. A brisk rubbing of the chest, spine, and extremities is kept up during the bath, which usually lasts not longer than fifteen minutes, often ten only, and sometimes even less, according to the physician's order and the condition of the patient during the bath. The compresses are changed every two or three minutes and the pulse and color carefully noted, as it is not unusual for a patient to become quite cyanosed a few minutes after being put into the tub. When the bath is over, the patient is lifted back on to the bed, which has been



ALL READY



protected by a rubber blanket covered with a sheet placed lengthwise across it. This sheet is folded over the patient and all the moisture is dried off, then alcohol is rubbed briskly over the surface of the body, and after being dried once more with a towel the rubber and sheet are withdrawn from the clean, fresh bed, the patient is covered with a sheet, and hot-water bottles are placed at the feet. A hot drink of milk or broth is then given, and as a general thing it is not many minutes before the patient has fallen into a refreshing sleep.

Very often it is impossible to give this form of bath to a patient of a nervous, excitable temperament, and there is sometimes strenuous objection made by those of more equable disposition. There are also cases where baths have to be discontinued, when there is no radiation of heat from the skin, but, as a rule, after the first two or three they like them, and have been known to sing all through their "tubs" and to be quite disappointed and beg for them when no more were necessary.

The bath usually substituted where the "tub" is not practicable is known as the "sponge" bath. This bath is, as a rule, given when the patient is in too poor condition to permit of lifting from bed to tub so constantly; where the chances are that the case will be a mild one and vigorous measures need not be resorted to; in which, as has been suggested before, the patient is of such a nervous temperament that the tub is calculated to do more harm than good, and in circumstances where it is neither possible nor necessary to obtain a tub. With some physicians it is in more favor than the tub, is considered less exhausting and disagreeable to the patient, with just as satisfactory results. By others it is considered more depressing.

The bed is protected by a rubber blanket extending from well under the head of the patient to the foot of the bed. Precisely the same preparations are made as for the tub bath, with the exception that the water is brought to the bedside in a foot-tub, and two medium-sized bath-sponges are used. In applying the water the sponges are not filled, but just enough water is retained to keep them cool. A good deal of the rubbing should be done by the nurse who is sponging. It is, however, essential that two nurses should give this bath, as one should rub continuously while the other puts the water on and mops it up. The usual time for this bath is also fifteen minutes, the first half of the time the bath being given anteriorly, the last half the patient is gently turned over on one side and bathed and rubbed posteriorly. The same course of treatment is followed before and after as in the tub bath.

Another method of giving the bath is known as the "sluice" bath, and is practically the same with the exception that the rubber blanket is built up all around the patient to form a tank. This may be accom-

plished by folding hair pillows through their centre and placing them under the rubber. As the name signifies, a great deal more water is used than in sponging, and it is allowed to remain around the patient during almost the entire bath, being mopped up only when it begins to get quite warm.

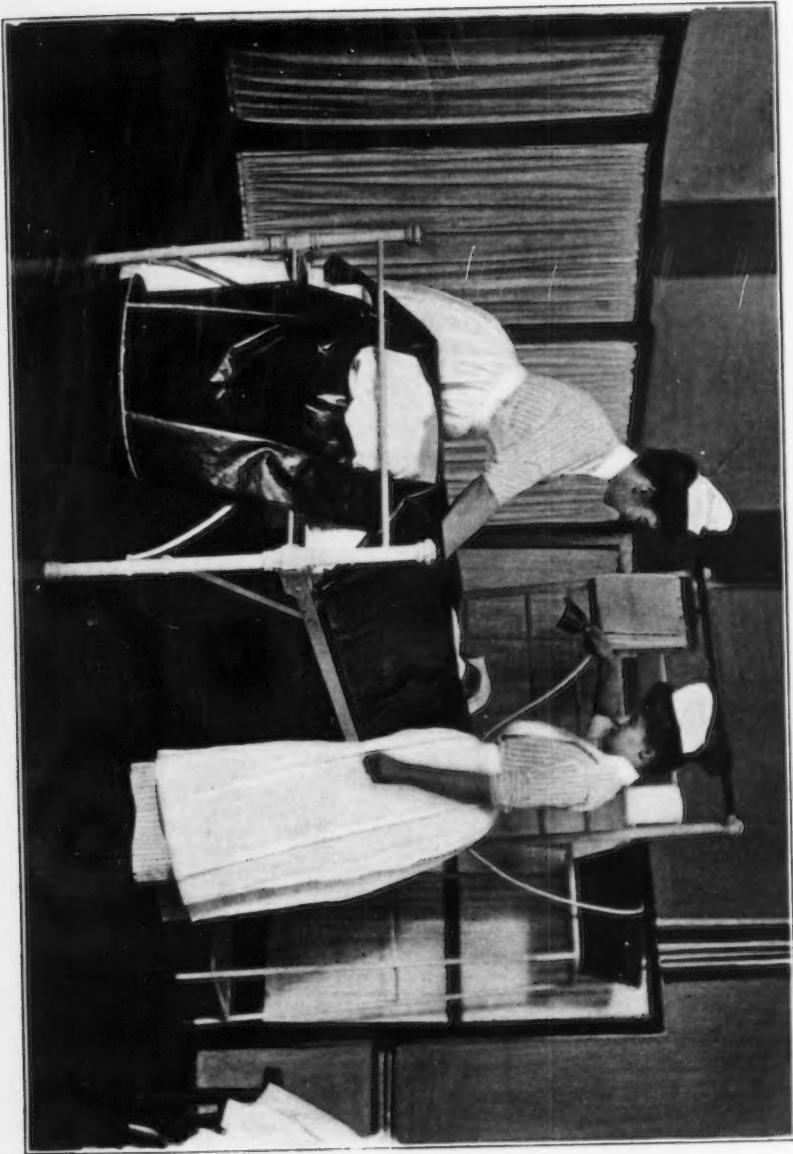
Another bath, also called the "sluice" bath by some physicians, but more infrequently used, is given with the patient prepared in the same manner, but covered with a sheet, the tub containing the water being placed on a high standard beside the bed. An ordinary garden-hose with a sprinkler attached is used to convey the water instead of the sponges. The second nurse does all the rubbing through the sheet covering the patient. The head of the bed is elevated and the rubber protecting the mattress is extended to a tub at the foot to allow the water to escape, in place of being mopped up.

A form of bath more generally used in pneumonia than in typhoid fever, and more expressly for the reduction of temperature alone, is the cold pack, applied to chest and abdomen. This is given in typhoid fever sometimes after hemorrhage, when the temperature did not fall to any great extent and kept rising.

Two sheets are folded into quarter-sized squares; the water of a required temperature is brought to the bed in a foot-tub; one sheet is wrung through this water and placed over the anterior chest and abdomen. Care is taken, in putting the sheet about the chest, that it is well drawn up into the axillas. The sheet is kept cold by sprinkling with water from the tub with a sponge. When this sheet has become saturated and warm, the other replaces it in the same way, and the nurse proceeds as before. There is no rubbing done during the pack. The skin is dried and alcohol applied, as in the other baths. This pack is continued from thirty minutes to an hour, as required by the physician, and usually has a good effect in reducing the temperature.

Still another form of cold pack is where two sheets are used, one covering the upper, the other the lower half of the body. They extend under the back as far as possible without turning the patient. When there is an objection to doing so, the upper one is brought forward again to cover the arms. These sheets are kept well sprinkled with cold water and the pack continued from fifteen to thirty minutes; sometimes the patient is rubbed with ice through the sheet in place of the sprinkle. This method is continued not longer than fifteen minutes.

"Alcohol sponges" are given with excellent result for the reduction of temperature and the quieting effect on a patient in high fever who is not in a condition to be bathed. The alcohol is generally diluted by one-half with water at a given temperature, and small portions of the



THE "SLUICE" BATH



body at a time are bathed and rubbed without exposure, the whole bath usually being given under a blanket or sheet.

As long as the temperature continues to rise above 102.5°, or as long as the condition of the patient warrants, these baths are, as a rule, repeated every four hours.

The best tub for the purpose is the enamelled iron portable tub, elevated on wheels.

A hose for the escape of the water is attached to the foot of the tub, and it may be filled either by carrying the water in pails or by attaching a hose to a convenient faucet.

To give these baths properly, always two, and when possible three, persons do the lifting, to avoid unnecessary strain of the abdominal muscles and to insure the greatest possible comfort to the patient. When there are three, one may be preparing the bed while the others give the bath. If there are only two, it will be necessary for one to stop rubbing for this purpose, which is inconvenient and uncomfortable for the patient and detrimental to the efficacy of the bath.

The practice of lifting the patient into the tub from the side of the bed is in general use. While this is the only way possible in a great many instances, another excellent method is to place the head of the tub at the foot of the bed. In this way the patient is easily accessible from both sides of a single bed, and can be readily lifted into the tub without undue exertion.

The cleansing bath should never be overlooked or neglected, as no amount of cold bathing will quite take its place. A bath when soap and even tepid water is used, given daily, will often obviate the necessity of at least one tub bath, the temperature falling just sufficiently to render the tub following next unnecessary.

THE SMALL GENERAL HOSPITAL—ITS ADVANTAGES AND DIFFICULTIES AS A FIELD FOR TRAINING

BY MARY FORBES

Graduate of Hospital for Women and Children, Bristol, England; of St. Luke's Hospital, Chicago; Chief Nurse Shreveport (La.) Sanitarium Training-School; late Superintendent New Orleans Training-School for Nurses

At the meeting of the Associated Alumnae in Chicago in May last much time was given to discussion of, and some able papers read upon, the question of the advisability of admitting to the association local alumnae associates connected with hospitals of less than one hundred beds.

It is now my privilege to try to prove, if any there be who failed to hear Miss Palmer's argument, the wisdom of those who waived the bed limit. I hope at the same time to arouse your sympathy and interest, in the belief that you will at some time find a remedy for the evils with which those schools are beset.

I can believe that many whom Miss Palmer has not enlightened still fail to understand how it is possible that a good all-round training may be given in a small hospital. They forget that it may be something of an advantage which permits the superintendent to be in such close contact with her pupils. Is the accepted probationer of a large school scanned as carefully and known as thoroughly as she who is accepted in the smaller school? Does not the latter stand a more severe test? True, many apply at a small school who cannot enter one of a supposedly higher grade, but they are not necessarily accepted; neither is it true that only women of an inferior stamp would be willing to graduate from such a school when the doors of such hospitals as Johns Hopkins and St. Luke's, New York, and dozens of other of our finest institutions are open to nurses. In the Central States and in the East large hospitals abound, each with its training-school and faculty; in the West and South they are not so numerous. On one of the trunk roads of the South I know in one State a distance of close upon three hundred and fifty miles between hospitals. We of the South are not in favor of going far from home, and even though we were, our pocketbooks would not permit of very extensive travel. Five of our States have hospitals of one hundred beds and upward in only two of their cities, leaving little choice to the aspirant who cannot roam.

The clinical training in the small hospital depends more entirely upon the staff, the work of the pupils coming, as in the case of the probationer, more under the eye of the teacher, the superintendent being constantly among them in a way that it is impossible for the head of a larger school to be. This surely is in itself a gain. She learns not only the work and the shortcomings of each nurse, but also the woman behind the nurse, sees their weak points, and knows the peculiarities of each and can mold or smooth accordingly. I believe it to be difficult for an inferior woman to graduate from a small school, in charge of a conscientious superintendent. Again, the lecturer is on a slightly different footing with a small class; the dignity of neither need suffer, whilst his interest in his work is increased by his personal knowledge of the capabilities of the students.

It may be argued that clinical material is limited, that a nurse cannot have an extensive knowledge of any one branch of nursing, much less of all. Granted that a nurse may not see as great a variety of cases,

but I believe she has a wide experience of nursing. The capacity of the general hospital always, we may reasonably suppose, governs the size of the training-school attached, and the nurse who is one of ten in a hospital of eighty beds will have about the same opportunity for learning as she who is one of thirty with two hundred and forty beds. In either case there will be more material than can be assimilated in a two-years' course, so since both are filled to repletion, why complain that there is not more to go to waste?

The introduction of new methods depends largely upon the visiting staff, and that staff is often wholly out of all proportion to the size of the hospital. Domestic economy is thrust upon the pupil of the small school, the working of the institution is directly before her and little escapes her observation. The kitchen, laundry, linen-room, and dispensary are not such unfamiliar spots to her, no matter how long it is since she graduated. We remember the look of surprise which fell upon us if we were ever so unfortunate as to be found in those forbidden regions. In the smaller ménage the nurse can hardly fail to learn much of the value of drugs, dressings, groceries, etc. Depending, as we have to in the South, and also greatly, doubtless, in much of the West, upon inferior and uncertain labor, the nurse learns to do many things that she is not ordinarily called upon to perform. After one has cooked breakfast for sixty or seventy people once or twice, one is not apt to forget the proportions or quantities needed. Experience is truly a great teacher. In the same way, when as caretaker of the dispensary the nurse sees prescriptions filled, and is allowed to fill simple ones herself under supervision, *materia medica* means a little more to her than it did before, and the value of drugs is strongly impressed. In such ways an apparently bald and inadequate course of study is supplemented; what others learn in classes she gets in practice. Waste is more easily controlled, and the nurse, not being accustomed to all the latest improvements and conveniences, is not so apt to be extravagant upon finding herself in a private house with a drug-store at the corner.

The difficulties? Well, what can I say that has not already been said? It is easy to believe that the life is somewhat of an interrupted one, that the tenor is a little less even than that of a big hospital, that the close relations of superintendent and nurse and the general family air make discipline more difficult to maintain; still, the life is not so very irregular, and discipline, whilst not of the most rigid order, can be observed.

The difficulty to the pupil really is small. She has not worked under a clock-like system varying not so much as a second, she has not known the joy of looking down the long wards with a glow of pride at sight of

her forty or fifty beds varying not one-fourth of an inch in the arrangement of their spreads. Not knowing how much she is missing, she really is not so much in need of pity as the superintendent, who suffers for her in her unknown privations. As a friend of small hospitals remarked in the October issue of the JOURNAL, she is generally all things to all people,—superintendent of hospital and school, housekeeper and cashier, buyer and collector, sometimes filling two or three posts, sometimes all, the bearer of all burdens, the adjuster of all wrongs, often inadequately paid. Why does she not return to the flesh-pots of private duty with the responsibility of but one patient to disturb her? What could make her continue such up-hill work but the fact that she sees good results from her labor? With the assistance of the Associated Alumnae I feel that much may be done. The small schools cannot be crushed out, for in many parts of the country they fill a great want. The medical profession and the public will uphold them, and since we have decided to accept them, cannot we go still farther and help in their higher education,—encourage representation at our association meetings, imbue them with a desire for further knowledge, teach them that their education has but just begun, establish a uniform course of training, require that the superintendent be a pupil from a recognized school and a member of her alumnae association, and offer greater opportunities for post-graduate work? If work upon something of these lines could be accomplished, we should feel that the improvement in the standard of the small schools was one of the glories of the Associated Alumnae.

A GUILD SETTLEMENT FOR VISITING NURSES

BY MARGARET PEARSON

Associate Member of the Orange (N. J.) Branch

OF the many social and philanthropic movements which came into existence in the latter part of the nineteenth century, and have since become vital forces in the economic life of to-day, perhaps none has received more thoughtful recognition than the so-called "settlement movement." Side by side with this social and altruistic movement, in no way affiliating with it but developing with like rapidity, appeared a new profession for women—the profession of trained nursing.

Thirty years ago in the Universities of Oxford and Cambridge groups of students were stirred by the enthusiasm of such men as Thomas Hughes, Charles Kingsley, Ruskin, Denison, and Toynbee with

* Read at the Annual Council in Philadelphia.

a longing to share the wealth of happiness, beauty, and culture of their university life with the lives of those who dwelt in the squalor and monotony of East London. About the same time, in another part of the same great city, a woman, moved to unutterable pity by the sufferings of the neglected sick, was working out another great problem in the wards of St. Thomas's Hospital.

The seeds sown by John Ruskin and Florence Nightingale have matured during the past forty-odd years, and to-day on every side we behold an abundant harvest. Side by side have these movements progressed, and now with the birth of a new century comes an affiliation of the one with the other. To-day I ask you, has this guild any part in this union? We have not yet claimed our place, but the opportunity, I believe, is waiting, and in the near future we may be able to see that the Nurses' Settlement can have no better foster-mother than the Guild of St. Barnabas for Nurses.

What is a "settlement"? It has no dictionary definition in the sense in which we are now considering it, but its vital meaning has engaged the thought of the best thinkers of our day. A simple definition is—a settlement is a home where fortunate men or women live for the purpose of sharing their possessions with the less fortunate ones. They must be filled with the sympathy that can come only from knowledge. They must know by experience discouraging environments. To ameliorate hard conditions and lighten the burden of existence is the *raison d'être* for a settlement.

In London the first settlement, Toynbee Hall, is but a bit of Oxford, its learning, its culture, its broadening and inspiring influences, transplanted in the dreary, monotonous waste of East London. In our own country the city settlements but repeat the same ideas, the sharing of collegiate gifts with those to whom the pleasures of university life are unknown.

In our colleges for women undergraduates have organized branches of the general College Settlements' Association, where money is raised and interest in sociological subjects aroused. Year by year training-schools for nurses receive more and more their due recognition as purely educational institutions, and their alumnae exert an increasing influence in raising and maintaining a professional standard. Various and valuable are the lines of alumnae work; already the lead taken by college women from their collegiate homes in developing the settlement idea is being followed by the alumnae of training-schools in adopting the same idea to nurses' settlements.

If the settlement stands for the sharing of the fortunate with the less fortunate, who has more valuable gifts to share than the well-trained nurse? The need for her services in the homes of the poor is

perfectly evident; the difficulty of supplying skilled nursing is also great. Can a nurses' settlement aid in the solution? If it is the home of friendly as well as professional neighbors, it surely will. If it is a home of peace, happiness, and cultivation, it will be a place where the district nurse finds the sympathy and inspirations she herself needs to fulfil the ideals of her so often discouraging and difficult work.

A proof that a nurses' settlement is no ideal illusion can be easily found by turning to the Nurses' Settlement on Henry Street, New York, which among settlements pure and simple ranks as one of the most valuable.

Under the most favorable conditions a nurses' settlement may be entirely self-supporting, but it is very desirable that it should have substantial financial and social backing. This support, it seems to me, can fittingly and effectively be given by the guild. A guild settlement would be common ground where active members and associates, medical associates, and priests associate could meet, each finding there work to be done, and in doing it would surely come a quickening of the guild spirit, and perhaps we all might there find the opportunity of living more truly the life we profess.

Here could associates and priests associate add materially to the social and intellectual life of the house. Nurses in particular need the relaxation which would come in this way. Here too the medical associate can bring his tribute; his professional interest in the work would be invaluable and talks on medical subjects most welcome.

Important and inspiring as might be the influences of outside interest, the vital source of success will come from within. The *real* work must be done by residents themselves, and residents need salaries. The guild at large might raise or give these salaries.

Valuable supplementary visiting work may be done by nurses who lodge at the settlement and seek an opportunity for philanthropic work between cases.

In conclusion, I would offer a few practical suggestions which may stimulate thought among those branches seeking altruistic work. In establishing a guild settlement the first step should be to obtain a knowledge of settlement principles and an intelligent idea of the aspirations and accomplishments of other settlements.

A valuable handbook full of practical information is a little, inexpensive work called "Social Settlements," by C. R. Henderson. This little book, by the way, has entirely ignored the Nurses' Settlement. It was published in 1899, before Miss Wald's work had reached its present reputation. I would particularly emphasize the importance of thoughtful study of the settlement question before presuming to assume a name which stands for so much. Taking for granted, therefore, that

a number of intelligent people desire to undertake this work, the next step would be the choice of a head worker, and on this hangs success or failure. She must be a woman of culture, intelligence, of executive ability, and above all must be imbued with enthusiasm for the work itself. She must believe that the development of visiting nursing is a work well worth the doing for the inestimable good it carries to others. This aspiration must be the ruling influence of her life, preceding all personal ambition if she would become the ideal head worker of a nurses' settlement. If the salaries of the workers can be obtained through the combined efforts of the branch, aided perhaps by churches or societies, the running expenses of the house should be met through the income. The rent, fuel, and lighting can come from sub-letting rooms, and the table and incidental expenses can easily be more than met by means of the fees collected. Visiting nursing should not be confined to district work alone. Those able and willing to pay full graduate prices very often are thankful for the hourly service, which well pays, and the middle class of people of moderate incomes gladly pay the hourly fee, and receive the care which otherwise they would be obliged to lose. Even the poor can and wish to pay something. An occasional private patient might also be taken in the house. In these and many other ways depending on the character of the house, under good business management, a fair income will be assured, quite sufficient for household expenses.

This is no Utopian ideal to be suggested only by a visionary enthusiast. Just as surely as there are about us thousands of suffering men, women, and little children crying for help, or often for the possibility of helping themselves, unable or perhaps unwilling to enter the hospital wards, just so surely can help go to them, help and sympathy over the hard places, courage to pass through physical suffering to health and renewed strength for life's struggle, or, it may be, help to bravely lay down this life's burden and hope for the life that is approaching. This is the opportunity, and I appeal to you, can any work be a more perfect example of the guild spirit?

The guild branches may give the opportunity for this visiting work, salaries may be raised, a beautiful house provided, intellectual privileges may pour in from outside, but once more I would affirm that the real development of this work must come through the strenuous, self-denying efforts of nurses themselves.

You nurses are claiming that your work is professional. It rests with you and you alone to prove the assertion. To the professional man or woman a diploma is by no means an end to be gained, it is but the instrument which opens the way to renewed work, study, and research. It is so in your profession; the nurse who is satisfied with the attainments measured by a school diploma can never take rank with

professional women. Progress must be her watchword. To-day in the civic world influential positions are opening to the progressive nurse. She must be prepared for them or they will quickly pass to others. The importance of post-graduate work cannot be exaggerated if nursing is to become a profession.

This plea which I have so imperfectly made for visiting nursing developed from a nurses' settlement is for one branch of graduate work. It can be developed almost without limit, but only after effort and exertion. The nurse must first of all be equipped with a thorough hospital training; this must be supplemented by knowledge of the various social and physical conditions of the homes she is to enter. The greater her knowledge of the arts and sciences which go to the making of comfortable, happy, and healthful existences, the more will she have to carry to brighten homes where these conditions are lacking. This knowledge cannot be acquired hastily. Women in other professions are willing to sacrifice time, strength, and money in reaching a full equipment for professional work. It remains to be seen if the nurse is willing to plod by the side of her professional sisters in progressive work. She must not expect to step from the wards of her hospital to positions of responsibility; there is a middle way to be trod, one of work and study, and on this way the guild may hold out a helping hand.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 275)

IT is well to be beforehand in the important questions of life, and as we have been discussing the arrangement and care of the patient's room, we will now give a little thought to the preparation required in a room that is to be used for a surgical operation.

Emergencies may arise in every home that call for surgical aid, and when—as frequently happens—to save life an operation has to be performed with the utmost speed, it is of the first importance to have some rules for the preparation required that may be put into practice without delay.

Every surgeon has his own method of procedure and gives directions as to what will be necessary, according to the character of the operation; but there are some general arrangements that apply to every case, and which may easily be carried out by the trained nurse or (when there is a delay in procuring a nurse) by some members of the family

with the assurance that they will meet the full approval of the surgeon and be of the greatest assistance to him.

It will simplify matters if we divide the subject roughly into two parts,—viz., major and minor operations,—and consider first the preparation required for a major operation.

Of necessity this is far more extensive than the requirement of a minor operation, and should be commenced the day before.

The selection of the room comes first, and as a strong, clear light is more essential than anything else in an operating-room, let the choice of the room depend on that. When possible avoid using a room into which the sun will shine directly during the time of the operation, but in any case take the room that gives the best light.

When the house is large enough to allow it, and your choice is not limited, use a room adjoining, or at least on the same floor as the one to be occupied afterwards by the patient, and as near the bathroom as possible.

Sometimes it is necessary to use your patient's bedroom, in which case the bed, after being prepared, should be pushed up in a corner out of the way.

All the furniture that it is possible to remove is taken out of the room; any large piece that has to remain should be covered completely with sheets fresh from the laundry. Carpets and curtains must be removed, and the room thoroughly cleaned, floor scrubbed, windows washed, etc.

As the surgeon will need all the light you can give him, cover only the lower panes of the window with thin muslin curtains, cheese cloth, or—what will answer the purpose equally well and is ready at hand—a thick lather of soap rubbed all over the panes and allowed to dry, thus shutting off the gaze of outsiders without excluding the valuable light.

The temperature should be about 75° F. and the room well aired beforehand, as no window will be opened during the operation.

A list of articles usually required for a major operation is as follows:

One strong kitchen table,	Bichloride tablets,
Four small tables,	Alcohol,
Three common chairs,	Safety-pins,
One fountain syringe,	Green or synol soap,
Three large china basins and pitchers,	Absorbent cotton,
One small basin and pitcher,	Sterilized gauze,
One piece of rubber sheeting for table,	New wooden nail-brush,
Two slop-jars or foot-tubs,	Bandages,
Five gallons of hot boiled water,	Four dozen towels.
Five gallons of cold boiled water,	

This list is an outline of the articles usually required,—the surgeon will supplement what is necessary for each particular operation,—but when a nurse is called upon to prepare for an operation in a private house, where the conveniences of the hospital are not at hand, she will be thankful to have ready a list of the things that are indispensable. I well remember my first operation outside the hospital, and how difficult I found it to construct a modern operating-room from the limitations of a small country house.

All supplies, when possible, should be on hand the night before the operation, and the room cleaned ready for work.

Facing the strongest light, and about five or six feet from the window, place the kitchen table, and cover it with a double blanket or comfortable, rubber sheeting, and a sheet fresh from the laundry, the whole pinned firmly at the four corners with safety-pins. Lay on the top a small single sheet, a blanket, and very small hair pillow.

The little tables are to be arranged around the large one, leaving plenty of room to walk between. Cover them with sterilized towels; if they have polished tops, first put on a piece of oilcloth or rubber sheeting to prevent damage. These tables are for the instruments, sponges, sterilized towels, and basin of solution for the surgeon's hands.

A strong screw must be fastened in the wall near the window at the height of about seven feet to support the fountain syringe, which will be filled with whatever solution the surgeon requires for irrigating the wound.

One slop-jar stands at the side or end of the large table, the other beside the table that holds the basin of sponges.

The bureau (covered with a sheet) or the mantelshelf will serve to hold the dressings and rubber gloves. A small stand or table will be needed by the doctor who gives the anaesthetic for his hypodermic, clean towels, and ether or chloroform.

All the basins, towels, and pitchers to be used during the operation must be thoroughly washed in warm soapsuds and then boiled for an hour, or—when that is not possible—allowed to stand all morning in a 1 to 1000 bichloride solution, and then rinsed off with sterilized water before using. Two of the basins are filled with sterilized water or salt solution for washing the sponges, another basin holds the wet sterilized towels, and the fourth the solution for the surgeon's hands.

A small bowl is needed for the soft soap to wash off the part of the body to be operated on, also a small pitcher of 1 to 2000 bichloride and some alcohol.

In the bathroom arrange plenty of clean towels, a bowl of 1 to 2000 bichloride, and one containing alcohol, synol, or green soap, and a

sterilized nail-brush for the surgeon's hands. The surgeon will send instruments, sponges, sutures, and anæsthetics.

Next month I will speak about sterilizing the towels, water, etc., and the final preparations required before the arrival of the surgeon.

(To be continued.)

OBSERVATIONS ON HOSPITAL ORGANIZATION *

BY GEORGE H. M. ROWE, M.D.
Superintendent of the Boston City Hospital, Boston, Mass.

EDWARD EVERETT HALE has said, "*Together* is the great, central word of modern civilization." We have come together, a set of busy workers, bearing the burden and heat of the day, hoping that our togetherness may solve some of our difficulties, give us fresh courage, and help us to shove forward the great humanitarian work of hospitals, which, like the Nilometer, shows the high-water mark of civilization.

At the outset let me say frankly that I offer nothing novel or ideal, and have no panacea for the vexations that besiege us.

I do not present a formal elaboration of hospital organization, but only some observations on the cardinal principles underlying the average general hospital, now found in every American city. The most I can hope to do is to make practical suggestions for obviating certain dangers which threaten the well-being of unfortunate or illy-developed organizations.

The hospital is a costly, complex mechanism, and its perfection depends on the nicety of the adaptation of the different parts, "from big wheel to cog-pin," each having relation to all, and working together for the ultimate object,—the recovery of the sick.

In treating of hospital organizations, many different systems obtain, according to the locality, creed, period when begun, the relations of medical schools and medical teaching, the source of income, whether private, State, or municipal, well funded, or dependent upon voluntary contributions. Despite these varying conditions, the problem now confronting hospital experts is to find out the best system which has stood the test of experience, and, if possible, work out a formula for putting all hospitals on the same fundamental principles. To this end, I take it, is the meaning of this symposium.

The impulse or genesis of a hospital often influences the direction

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of affairs, decides the kind or quality of the management, and brings the inevitable consequences, be they good or bad. The reaping always results from the sowing. The management of a hospital in a small community too often is made up, not with reference to the real requirements of experience and ability, but because the persons represent money, and money only, or because they "go to our church," or some other "most lame and impotent conclusion." The hospital supported or aided by a State or municipality is often compromised by the power of party politics.

Privately endowed hospitals sometimes have managers appointed by donors of the fund, who, though good personal counsellors and eminently respectable, are not judicious directors for the peculiar work demanded in wisely conducting a hospital.

Trustees often start with faulty organization, sometimes degenerate into traditions and ruts, and often are "behind the procession." Occasionally, alas! they are fifty-dollar men struggling with a ten-thousand-dollar job. Thus it comes about that we have hospitals all over our wide land with varying organizations and customs, hardly two run upon exactly the same lines.

Probably you will all agree with me that the central controlling power and the ultimate responsibility for the hospital rests with the governing body, whether under the name of trustees, managers, governors, or what not. While there may be a corporation or appointing power, as in the State and city institutions, it yet remains that the governors should always be the final and absolute authority, shaping the policy, regulating the affairs, and held responsible for the results.

Obviously, the composition of the governing board determines the efficiency and general character of the hospital work. Large boards, as a rule, are too cumbersome, not easily harmonized, and tend to contentions of policy or factions. Largeness of number does not always mean forcefulness. Is it not true that in most boards three or four men guide the general policy, whether for steady progress along the lines of constantly advancing medical science, or, perchance, for conservative objections and the fetish of precedent? Nothing is more deadening than the plea, "We always have done so."

It may seem that we are not overmuch reverential in discussing managing boards, whose creatures we are and to whose power we owe our present positions, but we are now among ourselves to talk frankly of the things that interest us and are vital to the whole hospital system. However, hospital managers, taken as a whole, analyzing them as we would the board of a large railroad, manufactory, or bank, are as fine a body of men as can be found. They are largely men who are earnest

and public-spirited, willing to give gratuitously much valuable time directly or indirectly, zealous to gain a high reputation for their hospitals, and imbued with the true sense of official responsibility. I gladly bear witness to a personal knowledge of many such gentlemen, who would stand any test for integrity and fidelity to their trusts. This is attested by the fact that hospitals are rapidly increasing and their character and efficiency steadily improving.

In a somewhat extended hospital experience I have been asked many times, "Do you believe in having physicians on the board of managers?" If we should refer this question to the medical staff of some well-known hospitals, we should be quickly advised that the majority of the managers ought to be medical men; if, forsooth, the staff runs a hospital, why should they not be managers in name? Much has been written by physicians in support of this view.

The average medical man is an educated gentleman, a delightful companion, a man of parts, and many such are our best friends; but doctors, when associated in corporate matters, are oftentimes too self-seeking. With an eye out for their own profession, they are inclined to be aggressive, and, naturally, under such conditions are not a gracious, peaceful, easily coöperative body of men. This professional enthusiasm is apt to obscure an all-around view of hospital government. Someone has said that "a crank is one who sees a thing clearly, but never sees it in its relations."

A large hospital, on one side, is a business enterprise, demanding large expenditures and requiring that large business training which a physician seldom gets. The faculty so often wanting is the power to grasp untried and perplexing questions, and then, as Matthew Arnold said, "Think straight and see clear." These weighty decisions can be best entrusted to a man who has had large experience in adjudicating entanglements of his own, be he wool merchant, leather merchant, bank president, or in any other calling demanding an analytic and wide business training. Special advisers in matters of medicine or technical work can readily be had whose attitude is unprejudiced, leaving the trustee without any professional bias free to arrive at his own conclusions. These remarks do not refer to or include the medical representative of required experience, occasionally found on hospital boards, but to physicians collectively.

The trustees should choose the executive officer and control the appointment of other officers. Naturally, an unpaid board of busy men in a large hospital must rely on the superintendent to investigate the fitness of applicants for positions, even depending upon him to nominate the more important ones, such as assistant superintendent, matron,

superintendent of training-school, steward, engineer, etc., and leaving him to fill minor positions, without referring to them; he, in turn, relying on heads of departments to secure good workers, subject to his approval. But even this system of delegated authority rests on the fundamental principle that there is no person serving in any capacity who does not derive authority ultimately from the trustees, to whom he or she is responsible. For want of this régime the responsibility for unfortunate occurrences has been placed upon the visiting staff, or the training-school management, or some person not a creation of the managers. Recently the writer was consulted by an Executive Committee of the trustees of a largely endowed hospital as to whether the faculty of a medical school might not be unrestrictedly given full appointing powers for all the medical and surgical staff of their new hospital. Strangely enough, this inexperienced Executive Committee leaned strongly to the view that this would be a judicious procedure.

It seems a reasonably fair proposition to allow the visiting staff to suggest or officially nominate for staff vacancies. In the long run such a method will probably strengthen the staff, provided its members do not subserve the best interests of the hospital to their affiliations with a medical college or to personal and family motives. The trustees should retain the power to elect good nominations, or, for sufficient reason, to reject them if unwise.

One of the vital points of hospital management is the relation of the superintendent to his managers. This varies very much in different hospitals. Sometimes from severity of policy, or views as to fitness of things, a somewhat sharp line of demarcation is drawn in official relations. For instance, some governing boards seem to think that the presence of the superintendent at a board meeting is an admission of equality, or that matters might be discussed which he should not know; or, if at times he were admitted, it might be viewed as an indulgence. Other boards require the superintendent's presence, and sometimes he is, *ex-officio*, the clerk of the board. Personally, I believe that the presence of a superintendent at a board meeting helps decidedly to a mutual understanding of the business and of the relation of things. It often saves blunders on the part of both, clears up mistaken ideas, removes wrong impressions, cements unity of sentiment, and makes coöperation easier and more efficient.

If the superintendent is inexperienced, so much the more does he need to be educated and given a broader comprehension of his work. In this, as in everything, the superintendent should be loyal in spirit, discreet of tongue, and confidential as to debates or reason for action. A superintendent may blunder, may be mistaken in judgment, but should

never fail to give to his superior officials the same devotion and loyalty which he expects from his subordinates. His attitude should always be that of helpfulness and suggestion. His intimate and personal knowledge of the actual workings can often make plain the situation when the trustees otherwise are quite in the dark.

The trustees should, *in their turn*, loyally support the superintendent, especially in the discipline of the house. Disaffected employés who complain or resent dismissal for cause should be made to feel that their appeals are in the nature of an impertinence. Trustees should listen to accusations of patients as to neglect or ill-treatment, but should reserve judgment until they hear the other side, giving the superintendent time to thoroughly investigate the charges and report. Even if disapproval were his final fate in the matter, the fact should be withheld from the hospital household lest advantage be taken of his mistakes.

While the superintendent as executive officer is subordinate, this need not prevent him from, may I say, educating his trustees. Many a hospital problem requires analysis of all the conditions bearing upon the case. Many boards happily desire and rely upon his presence as a help in dispatching business. As a practical man of experience and wide observation of hospital work, a superintendent may save a board from repeating experiments that have failed elsewhere and prevent the misapplying of energy and money. I once asked a superintendent, "What are you doing nowadays that's new?" He replied, "Nothing much; only educating my new trustees."

The personal equation enters into this problem and often settles the relations between the superintendent and his board. The more they recognize his sound sense, his mastery of the conditions, his ability to cope with difficulties, the more they consciously or unconsciously fall into the habit of accepting his point of view. Here, as everywhere, power gives personal ascendancy.

A board of trustees cannot promote the interests of its own hospital without keeping in touch with the progress of other hospitals. I am glad to say that twice within ten years my own trustees, in my company, have visited New York at their own personal expense. Once every trustee devoted two days to the study of New York hospitals, and one remained a third day. On three or four other occasions single members have visited New York, Philadelphia, Baltimore, and other cities. These inspections have always given an impetus to our own hospital affairs. This is in marked contrast to another hospital where a superintendent, a member of this association, told me that "Our managers never come to the hospital. Everything is left for me to manage." Unhappy man! I therefore offer the suggestion that in the education of your trustees

you can in no way obtain better results than by inducing them to visit other hospitals.

By virtue of the power vested in him, the superintendent should be the head of the hospital family, as the executive right hand of the trustees, and responsible to them only. He should take charge of the general management of all the affairs of the hospital except the professional care of the patients and matters intimately connected therewith. He should select the officers, employés, and servants of every grade, and likewise dismiss those who are unfaithful or incompetent or whose presence is prejudicial, subject, of course, to the approval of the trustees. He should make minor rules for the internal government and cause the same to be executed. His aim should be to adjust the multifarious and complicated relations, so as to bring harmony into everything, correlating all the forces to the well-being of the sick.

If the superintendent is a medical man, he should also serve as a resident physician. Such an officer has great advantage in working out the various problems so frequently presented to the executive. It gives him greater scope and power in many dilemmas that must be quickly settled. The staff recognizes him as an equal, and not as a layman. He has better control of his house staff, understands better the things affecting ward management and nursing. No doctor, however, can rely on his medical degree as a guarantee of executive ability and administrative power, without which no man can become a successful superintendent. Seldom are the two conspicuously combined in one man. Sir Henry Burdett, himself a layman, in his ponderous history of "The Hospitals and Asylums of the World" says: "Our experience leads us to conclude that, *provided the board of managers is efficient*, it does not materially matter whether the chief authority be a medical man or a layman, always providing that the gentleman appointed is specially qualified to discharge the duties entrusted to him."

Experience has made me a believer in what is called the military plan of household government. Twenty years or more ago this régime was not in favor. Many a hospital and asylum has been rent in twain by the dual system, one man being nominally superintendent and the other the steward.

With the trustees as the governing board, with the superintendent as their executive officer (in all matters outside the professional care of the sick), the departments should radiate in direct lines from the executive in such a manner that no two subordinate officers or employés can conflict with each other without the jurisdiction of the superintendent to settle the difficulty. This I consider a most important principle. To illustrate: There is probably no superintendent of any experience

here who has not seen somewhere that old-time ulcer on hospital management, the everlasting, "ding-dong," "never-let-go" quarrel between the superintendent of nurses and the housekeeper. Each of these functionaries was independent of, and not responsible to, the other, but both were responsible to the executive. Much of his valuable time was wasted in the endeavor to amicably adjust the ever-occurring frictions and real or imaginary clashings of authority. In the division of authority, when the chief woman is superintendent of nurses *and* matron, having assistant superintendents of nurses for the nursing service and assistant matrons for the domestic affairs, nearly all the old-time friction among the "women folks" at once disappears.

It is difficult in a large hospital to schedule the officers and service so that the whole work will be carried on properly without friction. But it is possible to have a proper alignment of officers judiciously selected, well-defined divisions of work, and explicit regulations for the conduct of each general line of work, written, framed under glass, and never allowed to disappear by the agency of Pagan housecleaners;—all this may not be the "promised land," but it will "make the desert blossom like the rose."

Every grade of work should be a distinct, special, subordinate branch of some department. Most hospitals endeavor to pursue this general method, or are supposed to do so. In smaller ones it is easier to arrange, as the number of elements are fewer. But in a large general hospital, like the Boston City Hospital, having subordinate departments scattered in three sections of the city, having on its pay-rolls four hundred and eighty-five persons, with forty-six house officers, one hundred and forty-six nurses, and a family of twelve hundred and fifty persons, it becomes most imperative to adjust the regulations so that the same general methods of management shall run through all subordinate divisions, all being rational and interrelated parts of a unified whole.

The visiting staff, medical and surgical staff—by whatever name called—is one of the most distinguished elements in the hospital entity. As we all know, the staff has one of the most important and indispensable functions of hospital work. Indeed, it carries out the work for which all hospitals are created, namely, the curing of the sick. The physician or surgeon, particularly the latter, is justified in being a "Czar" in regard to the technique and details necessary to work out his special views for treating each patient. It should be the duty and ambition of the executive to coöperate in this professional work, but without abrogating the established code of rules made for the general good. But the superintendent often finds himself steering between Scylla and Charybdis. In struggling to avoid a failure to meet the requirements

of the staff he falls into the danger of over-expenditure. With a liberal appropriation the demand for multitudinous paraphernalia can be met, but with an inadequate allowance it is well-nigh impossible.

Unfortunately, the visiting staff sometimes fails to conscientiously restrict its duties to the treatment of patients. By habit of mind, by his very zeal in struggling for perfection in his craft, the physician or surgeon sometimes makes raids outside of his jurisdiction. He forgets his distinct professional function and its relation to other sides of the hospital work and takes action or gives orders outside his province, trenching on formulated rules or common custom.

The staff should not attempt to join in the general administration of the hospital, or, shall I say, interfere with the government, which belongs to the managers through the executive officer. A discreet, fair-minded physician or surgeon generally recognizes this distinction of work. It is the want of this recognition which so often makes the trouble which necessarily follows, causing the superintendent anxious hours. The function of the visiting staff is to prescribe, to direct, to operate. It devolves upon the executive to help in this by what he considers the best method of accomplishing it, being responsible in his work to his board of managers, whose officer he is, and not to the staff, whose officer or servant he is not.

The house staff, under whatever name it may be called, is a very important factor in the well-being of a general hospital and deserves special notice. Their function is well known,—to assist the visiting staff in carrying out their orders, arranging numerous details for the observation, care, and treatment of patients, investigation of the clinical course of cases, and laboratory work in blood, urine, sputum, and other clinical features. Their work is certainly laborious under modern scientific methods. They are medical assistants not only, but members of the hospital family. Their conduct is important in the hospital entourage, tending either to elevate the standard, which reacts on the whole body of workers, or to lower it to the level of the Parisian Hôtel Dieu. Caring only to absorb whatever may be of future professional value, they sometimes degenerate into the free-and-easy manner of Bob Sawyer. The well-being of an institution aggregating many people rests upon an ethical basis, just as society does.

In my own hospital I have seen a long procession of more than four hundred young men come and go with varying well-being to themselves and their hospital. Twenty or more years ago the standard was very far below the present one. An observing member of the visiting staff once said to me, "But you must remember that they are a *peculiar*

people." The genuine enjoyment of the individuality of this peculiar people depends somewhat on the point of view.

Formerly the incoming house officer was oftentimes a paradox; apparently absurd, yet true; unknown, yet very well known; holding opinions at variance with common sense, and yet when investigated appearing well founded. He came to the hospital an educated young man, yet he came to be educated; he came to learn, yet he "knew it all;" he yearned to find out the truth about medical science, but he "never made a mistake." He was neither butterfly, cocoon, nor spun silk; he was "*sui generis.*" The position of house officer means more to-day than twenty years ago. There is a larger number from which to select. They come to their work later, better educated, partly by the advances in medical teaching, and because hospital appointments are more prized and less easy to get or hold.

May I present practical illustrations of the advancement in methods of choice and holding to better standards of work and conduct at the Boston City Hospital? Twenty years ago the test by a somewhat crude examination was much lower than is now required. The examination passed and nomination by the staff secured, the candidate considered himself as good as graduated, because, no matter what his work or conduct, somehow, "by hook or by crook," he believed he would pull through. The applicant now comes to an examination fully one and one-half years later in his studies than formerly. The examination is more strict and more varied. He is first sharply examined to see if he is worth considering at all. Passing this, he is examined for any service he may wish to enter. If he passes this, he must undergo an investigation by reports from those under whom he has worked in any clinic or hospital. He is marked on his education, as shown in his written examination, and upon his personal appearance and general fitness. If finally nominated to the trustees, he is in turn investigated by them, but not in the perfunctory manner with which managers are usually credited.

When finally appointed, it is only for six months as externe in a two-years' course. At the end of six months a report is obtained from every member of the staff under whom he has worked upon such details as punctuality, faithfulness, sense of responsibility, manner to superiors and to inferiors, interest in his work, etc. The report asks of each member of the staff, "Do you recommend his promotion?" If these replies are favorable, he is recommended for promotion for six months as junior interne. If, upon investigation by the trustees, he is deemed worthy of promotion, he receives it. Every six months each promotion of every house officer results in like manner, and when his four terms

of six months each are finished the staff is again asked, "Do you recommend that he receive a diploma?" Under this system house officers are not infrequently dropped from the hospital roster in all stages of their course, and diplomas have occasionally been withheld at the last moment, for several months after they have finished their full course, for newly discovered conduct unbecoming a house officer or a gentleman.

I have developed this point of hospital organization at some length to show the improvement over former methods. House officers often are a great trial to a superintendent, a menace in many instances to the good name of the hospital, and oftentimes the real source of complaint on the part of the public, and in some cases the cause of scandal. I gladly bear witness that this method of selection and holding under control has reduced discipline to a minimum. It has been an incentive to better work, finer conduct, and has held in check the extreme individualism so often found in young men. It aids, also, in their personal development, helping them to subdue themselves.

No severer ordeal can be sustained by a young man than being a house physician or surgeon in a large hospital. What he gains, he gains by sheer force of character. If he does well his part, it means work of the hardest sort, physical and mental. All honor to those who have worked out their own career, and brought betterment and good repute to themselves and their hospital.

The training-school for nurses demands a brief word. *With education omitted* Thirty years ago a training-school for nurses was a special corporation engrafted upon the hospital, having an organization of its own, and doing the nursing work in the hospital under contract. The school was not an integral part of the hospital, and hence was never under the authority of the managers beyond so much nursing work for so much pay. None of us regrets such an arrangement for a beginning, because otherwise the present more perfected training-schools would probably have been delayed many years. Now that training-school methods are so widely and favorably recognized, it would seem wiser to include it in the general management. It has seemed expedient in a few municipal hospitals, subject to the tergiversations of party politics, to retain the old system in order to preserve the integrity of the school and save giving it over to political bosses. A system of unity saves much friction, increases the usefulness, and solidifies the hospital combination. A few hospitals having schools of recent creation have placed the management of the school under a separate head, responsible to the trustees, but outside the jurisdiction of the superintendent. Is not such a system illogical, unbusinesslike, conducive to friction, shifting the various responsibilities, subversive of the best discipline, and tending to disrupt the household

family? Sometimes the result is "open war," unless, perchance, the *two* heads of *two* branches of *one* organization possess the souls of saints and the forbearance of Job. The usual arrangement conduces to harmony and unity of action and control, as the two departments cannot avoid coming into contact and overlapping their lines of duty.

Yet after all that can be said, when we come to the vital point of hospital organization and management, whether the executive be strong or weak, whether the staff is distinguished or mediocre, whether the funds are ample or barely sufficient for producing fair results, the ranking of a hospital amongst its kind and class depends upon the character, efficiency, and determination of its managing board more than on any one thing, just as the success of any corporation depends on its directors. Do we, my friends, unduly magnify our office if we modestly assert that the best of boards would avail little unless it has a superintendent wise enough, strong enough, and faithful enough to execute, to uphold, and to bring their plans to full fruition, so that the hospital shall not fail in accomplishing what the community has a right to expect of it?

There is much cause for congratulation in the perfection already attained. The advance since the close of the Civil War has indeed been remarkable, and hospitals have been in the vanguard of humanitarian movements in America. Civic hospitals have increased more rapidly than in any other civilized nation during this period. Hospital construction in the United States has been a marvel to other countries and has set the standard, which even Paris is now endeavoring to attain, using the money donated by an American, resident in Paris, with whom as a boy I sat upon the benches of a famous New Hampshire academy. Science has revolutionized medicine and surgery. Nursing seems to-day almost a newly created art. Money is being poured out more generously than ever before, not only for construction and maintenance, but also in more reasonable remuneration for hospital workers. Let us not forget that the chief value of a *present* is to get a better *future* out of it.

In conclusion: A prominent professor at Harvard, on hearing statements about modern achievement, usually reiterated, "That is what Plato said two thousand years ago," and then quoted Plato's original thought. In forecasting the ideal hospital of the future, may I quote from a book written in Latin in 1516, Sir Thomas More's "Ideal City"? Surely "there is nothing new under the sun," for Sir Thomas More said (translation written by Richardson in 1560):

"But first and chiefly of all, respect is had to the sick that be cured in the hospitals. For in the circuit of the city, a little without the walls, they have four hospitals, so big, so wide, so ample and so large, that they may seem four little towns, which were devised of that bigness

partly to the intent that the sick, be they never so many in number, should not lie too throng or too straight, and therefore uneasily and incommodiously; and partly that they which were taken and holden with contagious diseases, such as be wont by infection to creep from one to another, might be laid apart, far from the company of the residue. These hospitals be so well appointed, with all things necessary to health, so furnished, and moreover so diligent attendance through the continual presence of cunning physicians is given, that no man be sent thither against his will, yet notwithstanding, there is no sick person in all the city, that had not rather lie *there*, than at home in his own house."

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 187)

III. THE FOOD PROBLEM.

A CANVASSING agent once called at my house to induce me to buy a certain cereal preparation. It was a wheat product, and according to the agent it possessed a very high food value. As he phrased it, it contained "forty per cent. nourishment," while oatmeal and other preparations, he assured us, were practically valueless, as they contained "nothing but starch."

It happened that I had recently been making some analyses of the cereal in question, and, somewhat unkindly, I am afraid, I began to question him as to what he meant by his "forty per cent. nourishment." His ideas were as vague as I expected, but his scorn of starch was unbounded and his laudation of the mysterious nourishment persistent.

He was a fair type of a large class of people to-day. In spite of the fact that there are even fewer common standards in regard to food than in other household affairs, and that individual likes and dislikes so largely control our eating, there has come to be a widespread interest in food problems, combined often with the densest ignorance as to the simplest principles involved. Food "fads" abound. Many absurd rules are laid down, and are followed by the woman who is honestly anxious to observe the laws of hygienic living, but whose ignorance of these laws is only matched by her credulity in following the dictates of an unknown authority.

It is strange what an influence a printed statement has upon almost

everyone. He must be a recognized expert whose spoken word would cause us to change our habits of eating, but let us be told in print that white bread has no food value, that the constant use of it may produce disease, and that whole-wheat bread is the only kind fit to eat,—we do not investigate the matter, we remain in happy ignorance of late investigations that might modify or refute these statements,—and we straightway discard white bread from our table and force an unwilling family to partake of whole wheat. We perhaps go as far as a teacher who said to me the other day in a shocked tone, " You surely would not recommend white-bread sandwiches for school-children. Why, that is only starch and water!"

The food problem is a broad one, so broad that it is not strange that the average housekeeper has not grappled with it very effectively as yet. Even the expert finds that he has only touched upon one corner of it. A thousand questions present themselves for solution for every one that is solved. Yet it is a problem that the housekeeper cannot afford to neglect. Twenty years ago she was excusable if she paid no attention to it further than to provide for her family something palatable and presumably wholesome in sufficient abundance and at a moderate cost. To-day she must first of all decide what proportion of the income is to be expended in food; she must choose from a great variety of foods offered those that will be most digestible and those which will give the highest food value for the money that she has to expend; she must study how to adapt the diet to growing children, to the adult, and to the aged; she must consider the effect of climate and of the amount of work to be done upon the food needed; she must learn to avoid adulterated and contaminated articles, and she must know how to prepare the food so that its flavor shall be developed, its digestibility increased rather than diminished, and with as little waste as possible.

All this presupposes some knowledge of food principles and their uses in the body, a general acquaintance with the composition of our common foods and with standard dietaries. It implies the ability to interpret and use tables showing the analyses of foods, and to read understandingly such records of results as are given in the less technical government pamphlets. This knowledge the housekeeper frequently has not at her command, and it is here that the nurse may be of the greatest aid. The amount of money to be expended each must decide for herself, but to know how best to expend that amount often requires help. In matters of diet particularly the nurse as well as the physician will be consulted. The very fact that there is sickness in the household makes the food problem seem more important and more real.

Most of the books on food are too technical to be of great service to

the woman who has not been trained in science or in scientific methods of thought. If they are read at all, they must be interpreted into popular language, at least until interest is aroused and a certain familiarity with the subject is gained.

One who knows the subject from the scientific stand-point, and at the same time realizes the needs of the average woman, is in a position to give the much-needed assistance.

This is no light task, for it often requires more knowledge to translate scientific into popular terms with any degree of accuracy, than to use the language of science.

(To be continued.)

BACTERIA IN THEIR RELATION TO HEALTH AND DISEASE *

BY CHARLES DEAN YOUNG, M.D.
Assistant Visiting Physician to the Rochester City Hospital

I. BACTERIA IN GENERAL.

THE study of bacteriology began with the investigations of Anthony Van Leuwenhoek, a Dutch linen-draper, in the latter part of the seventeenth century. He was not a man of liberal education. While an apprentice he had learned the art of lens-grinding, and later in life he perfected a lens with which he saw objects of smaller dimensions than any seen before that time. In 1683 he presented the result of his observations in a paper to the Royal Society of London. This paper, with its excellent drawings, is the first record we have of the study of those organisms we now call bacteria. From that time until the middle of the present century progress in the study was exceedingly slow. It was not until 1860 that these organisms were shown to be plants, and not animals, as hitherto supposed. Since the investigations which led to the discovery of the tubercle bacillus in 1882 and of the cholera bacterium in 1883 the science has advanced by rapid strides, until to-day preventive medicine, based on bacteriology, stands in the front rank of humanity's benefactors.

Naturally, the first question which arises is, "What are bacteria?" In answer let me quote from Fränkel, whose text-book is a recognized authority: "The bacteria are the lowest members of the vegetable kingdom, closely related to the lower algae (sea-weed and the like). They divide themselves into a series of species, well defined by growth and form, which do not run into each other. Of the forms in which the bac-

* Read before the nurses of Rochester City Hospital in 1872.

teria appear we know the globular bacteria—*micrococci*; the rod-shaped bacteria—*bacilli*; and the screw-like bacteria—*spirilla*."

This classification is at once simple and accurate. Of course, each species of bacteria has its individual name, and in the books you will find several pages devoted to an elaborate classification, but it is of little interest to anyone but the botanist. The three names just given,—*micrococci*, *bacilli*, and *spirilla*,—with one or two subdivisions of the first group, are all that you need remember. A distinguishing feature of these low orders of plant life is that they reproduce their kind by division,—a feature in which they resemble the lowest forms of animal life. Sometimes when a *micrococcus* divides the two *micrococci* remain attached, and then they are spoken of as *diplococci*. Where after division a series of them remain attached together in chains they are called *streptococci*; when united in irregular bundles, like a bunch of grapes, they have the name *staphylococci*.

Of more practical importance to us is the division of all bacteria into Pathogenic (disease-producing) and Non-Pathogenic forms,—the foes and friends of man. When one reflects that the ground he walks on, the air he breathes, much of the food he eats, and the liquids he drinks all swarm with bacteria, it is a consoling thought that by far the greater number of them are his friends, and not his foes. While it is true that pathogenic bacteria produce disease and death under certain circumstances, it is also true that without the non-pathogenic bacteria life on this planet would be out of the question. By means of their green coloring-matter the higher plants, in the presence of sunlight, are enabled to decompose carbonic acid and ammonia into their elements—carbon, oxygen, nitrogen, and hydrogen—and appropriate what they need for their own growth. But these simple substances—carbonic acid and ammonia—are largely produced in nature by the decomposition and fermentation of highly-complex tissues of dead animals and vegetables. Decomposition and fermentation are the results of the presence of our friends the bacteria. Hence their importance in maintaining our life cannot be overestimated. Without vegetable life, animal life could not exist.

Of the many forms of non-pathogenic bacteria there are a few which have played a very curious and even at times a tragic rôle in the world's history.

Many honest people on seeing for the first time the phenomenon called phosphorescence have believed that they have had veritable meetings with departed spirits. Now we know that this beautiful but uncanny light is produced, in many instances at least, by bacteria. These bacteria, cultivated in tubes by themselves and placed in a dark room, have been actually photographed, tubes and all, by their own light.

Other bacteria produce various colors as they grow, the color being visible only when the bacteria are grown in masses by themselves. Thus it may happen that the milk of a particular dairy develops a deep-blue color which spreads to all the milk stored in special rooms. Again, the milk may get red instead of blue. The colors are due to the growth of particular bacteria.

Another bacterium, by its production of color, has been the cause of many a miracle, honestly believed in by both priest and people throughout the long years of the church's history. You have all doubtless read or heard of the miracle of the Bleeding Host, which was long a most powerful evidence of divine intervention with human affairs. The consecrated bread placed overnight in the moist air of church or cloister would in the morning be found sprinkled with bright-red drops. What could it be but blood? And it was left for the priest to say what this miracle portended. Nowadays the supposed miracle is produced to order in the laboratory of the bacteriologist.

Before one can make any progress in the study of bacteria he must learn the importance of, and methods of producing, sterilization of all instruments, utensils, culture media, and whatever may come in contact with the bacteria under observation. As we have already seen, bacteria are practically omnipresent. Unless we can keep away the species that we are not studying, we can learn nothing about those we are studying, owing to the confused mass of bacteria that we would find in our growing colonies. In other words, we must start with a "pure culture," as it is called, and keep that culture free from contamination by other bacteria all the time it is under observation. A pure culture, as we shall see later, is one in which there is but one species of bacteria growing. In order to obtain this freedom from contamination, the test-tubes, dishes, etc., in which the culture is to be grown must first be rendered absolutely free from living or viable bacteria. Then the material in which the bacteria are to be grown must also be sterilized. Finally, the growing colony must be protected from the bacteria which are always present in the air.

(To be continued.)



BOOK REVIEWS

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DANGEROUS TRADES. Edited by Thomas Oliver, M.A., M.D., F.R.C.P. E. P. Dutton & Co.

All nurses who are interested in sociological study, and who want to know more of the causes underlying the various forms of disease and disability with which their work brings them into contact, will find an immense amount of valuable knowledge in this book.

For those who intend working on lines of municipal and sanitary reform it should be quite indispensable as preliminary study.

It is compiled from the writings and reports of many experts, and contains a vast fund of facts not easy of access nor elsewhere brought together.

Dr. Oliver says that the twentieth century will be occupied with plans for ameliorating the life of the people—in other words, the workers; that the lot of working people will be improved and industrial hygiene promoted. No social legislation, however, is possible until public opinion is sufficiently educated to support it.

He says that experience shows that there is scarcely a dangerous trade from which, by dint of great care and attention to regulations, the danger cannot be largely removed. Public Health as a science is in its infancy, owing its origin to the rush of population into cities.

Modern factory legislation is an extension of the ordinary laws of health to those workers who are unable to frame rules for themselves. Protection of the wage-earner is necessary against cruelty or harsh treatment, fraud, accident, even against himself.

Statistics make it abundantly clear that much sickness and mortality are engendered by industrial occupations, and that a large proportion of this is preventable.

The headings of the chapters show the range of ideas presented.

Under "Infant Mortality and Factory Labor" Sir John Simon is quoted as saying: "It cannot be too distinctly recognized that a high local mortality of children must always necessarily denote a high local prevalence of those causes which determine the degeneracy of the race."

The subject of "Half-Timers" (children who work after school hours) and "Arrested Development" occupies a chapter.

Under "Home Work" Dr. Oliver says:

"Apart from the points of starvation wages and excessive hours, one of the main facts brought out by recent investigations into home-work is the grave danger to the health both of the worker and the community at large arising from the making of garments in disease-infected and otherwise insanitary houses." . . . Also . . . "Such workers are often in receipt of relief from charity. The public pays the wages."

"The Physiology and Pathology of Work and Fatigue," "Dust-Producing Occupations," "Dust as a Cause of Occupation Diseases," "Refuse Picking," "Lead and its Compounds," "Phosphorus and Match-Making," "Industries in which Mercury is Used," "Wool Industry and Anthrax," "Rags and their

"Products in Relation to Health," and many others are the questions considered in this valuable reference book, which is, moreover, put together in no dry statistical spirit, but permeated with a strong spirit of enlightened sympathy.

In this connection it is interesting to read an "International Congress for the Prevention of Industrial Diseases," by Dr. M. de Christoforis, the Congress to be held in Milan in 1904.



"REGISTERED" TRAINED NURSES.—Foreign visitors have said that the American is not happy until he has some kind of a diploma in the most conspicuous place in his drawing-room. This extravagant slander has a basis of truth in the fact that frequently the American likes to present some evidence of where he has been and what he has done. The "show down" is a familiar idea to him. As long as he is content with the idea, and does not extend it into the realms of fake, perhaps no harm is done. Diploma mills, however, are likely to have injurious consequences, and of all diploma mills those lately brought to light in Chicago seem designed to accomplish most harm. When was there ever a more impudent proposition than to train nurses by correspondence? If any profession needs actual contact with things, it is certainly that of nursing. A book nurse or a letter nurse can hardly help being an imposition and a scandal.

Nursing has ceased to be a duty which any woman can be supposed capable of discharging. When pain and anguish rack the brow, the real ministering angel is the sweet-faced, low-voiced, tender-hearted angel, who has studied antisepsics, dietetics, and hygiene. The suggestion about licensing trained nurses, therefore, deserves consideration. If the State refuses to allow doctors to practise until they have satisfied official requirements and are enrolled as reputable practitioners, surely the same policy ought to be pursued towards the women who are supposed to supplement the doctor's work. Examine the nurses, license them, and the correspondence training-schools will die.

It is certain that an attempt will be made at Springfield early in the session to legislate upon the training and registering of nurses. It is necessary that there shall be an intelligent basis upon which to frame a statute which the Supreme Court will approve of as constitutional. There is no doubt of the necessity of legislation to protect the community from imposture in a public interest.

Nurses who devote their time to this profession, and who bring to it attainments which have been won at considerable cost, are entitled to legal protection; and the community which reposes confidence in their diplomas is also entitled to protection. Education of trained nurses has improved with the improvement of medical education. Only those nurses should be entitled to State certificates who have had three-years' training in a regularly organized nurses' school connected with a completely equipped hospital. A law of this nature is indispensable to separate the competent nurses from the multitude of incompetents now rushing forth from the spurious nurse-training schools which are not connected with hospitals and have no means of educating nurses.—*Editorial in the Surgical Clinic (Chicago), December, 1902.*

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



MOVING PATIENTS.—The *Medical Record* in an editorial on this subject says: "At training-schools for nurses the pupils are thoroughly instructed relative to the care of patients, but are taught nothing relative to their transportation and movement. This duty is delegated to the hospital orderlies, and mistakenly regarded as outside the province and beyond the strength of female nurses. As a result, the average female nurse, when thrown on her own resources, is unable to even direct and supervise the movements of patients by others to best advantage. The hospital orderlies, on their part, usually rely upon main strength to take the place of concerted action and a proper disposition of bearers, and, through their lack of intelligent coöperation, may often be almost as much of a hinderance as a help to each other. In the military service, on the other hand, the handling and transportation of patients in the most convenient and comfortable manner is regarded as a matter of the first importance, and the members of the Hospital Corps receive thorough instruction on this point according to fixed methods prescribed in the manual of drill. To see these trained men lifting, moving, and carrying patients with varying numbers of bearers up and down stairs and over obstacles—rapidly, securely, and without injury or discomfort to the patient—is a spectacle calculated to enlighten medical men as to the deficiencies in this respect of the average hospital and ambulance service. No better guide for instruction in this respect can be found than the drill manual for the Army Hospital Corps, which, in regard to the transportation of patients, is not so much a book of military drill as a guide to the most simple and satisfactory methods instinctively employed by the instructed in arriving at a necessary result. There is no question but that it would be of much value if practical instruction in the handling and movement of patients along the lines laid down in this manual were given to the nurses and orderlies in every training-school and hospital."

CONSTIPATION.—Dr. Goodhart has an article on this subject in the *Lancet* which controverts some theories that have been long held by many people. He says: "It is not a fact that if the bowels do not act for several days obstruction will result. The bowels were made for man and not man for his bowels. It is not one of the necessary conditions of life that such and such clearances should be made every twenty-four hours. Very few persons suffering from constipation show any signs of retention. The abdomen is usually retracted and apparently empty; in many cases the constipation is due to insufficient food being taken. The absorption effected by the colon is enormous, the small intestine doing little more than digest the food and prepare it for absorption. An abnormally active colon rejecting very little that is offered to it is a cause of so-called constipation. Much good nutriment is often wasted

by the constant effort to keep the bowels open. Flatulent distention of the intestine seldom of itself causes pain. The combination of flatulence and pain always indicates the necessity for careful physical examination." Dr. Goodhart protests emphatically against the doctrines of self-infection and self-intoxication. He says: "The great feature of our stomachs and intestines is that they call nothing unclean. One must be careful how he accuses of septicity such a great master in natural asepsis as the stomach or the intestine."

THE SO-CALLED HARDENING OF CHILDREN.—Hecker says in one of the foreign exchanges of the *Journal of the American Medical Association* that the cold bathing and sleeping in cold rooms which are applied so vigorously by many families as a means of hardening their children have in reality the opposite effect in many cases. Their physicians are like the fishermen in the fairy-tale who were terrified at the sight of the genii they had invoked. He has been examining thirty-four children brought up on these principles and finds that the systematic hardening process very frequently entails an exaggerated tendency to colds, sore throat, and respiratory affections, also to severe anaemia and general nervous disturbances, neurasthenia, loss of appetite, restless sleep and irritability, with change of character. It may also induce acute and chronic recurring intestinal affections, and aggravate the course of infectious diseases, especially of whooping-cough. He reports a number of cases in detail to sustain these assertions. Infants should be kept warm at all times, he says, but after a child is a year old the hardening measures may be commenced, though very gently and gradually and strictly individualized. No furs should be worn, and the throat should not be wrapped up. During north-east winds, extreme cold, and snowstorms, children should be kept indoors. The windows of rooms where young children sleep should not be kept wide open except in summer and in a mild climate. If the child shrinks from a cold sponge-bath, it should be applied very cautiously, and even pleasure in the bath is not an absolute criterion that it may not have injurious after-effects. Cold sponging is better than cold douches for children, and once a day is enough. Cold water should not be used for children without a preceding medical examination, especially if they are nervous or anaemic.

OZONE IN PERTUSSIS.—According to Louis Delherm in an abstract in the *Monthly Encyclopædia of Practical Medicine*, ozone is a specific in whooping-cough and exerts a strong antispasmodic action during the stage of whooping. Given in inhalations of ten minutes three or four times a day, it causes marked diminution in the number of paroxysms and seems to prevent recurrence. It decreases cyanosis and seems to aid in the amelioration of a complicating pneumonia. The time between paroxysms is frequently lengthened and the cough is attenuated in intensity, violence, and duration. The treatment should be kept up two weeks at least, and it is perfectly harmless.

INFANT FEEDING.—Edward T. Abrams says in the *Medical News*: "The indications for the variation of sugar, fats, and proteids in infant feeding are as follows: 1. If the bowel movements are curdy, we may take it as an indication of an excess of proteids. 2. Sour vomiting indicates too much fat. 3. Stools that are very watery but without curds may depend on too much sugar or too much fat. 4. Vomiting of hard, curdy masses may indicate too much

proteids. 5. Should the child seem to do well on the mixture in every way except that it does not gain in weight, then the sugar may be too low. 6. Vomiting may mean that the child has eaten too much. These rules are not absolute, but they are sufficiently correct for a guide. He sums up by concluding that:

- "1. Breast milk is the best infant food.
- "2. That no artificial food can or should be trusted which does not contain the essentials of breast milk—viz., fat, proteids, and sugar.
- "3. That the elements named are to be found only in milk, cow's milk being the only one available for general use.
- "4. That cow's milk must be modified because it does not contain the same proportions of the elements named."

THE case of the late Hon. Thomas B. Reed, who is understood to have died of uræmia, furnishes an exceptional example, we should say, of exemption from much of the suffering, often recurrent and long continued, that is apt to precede the fatal issue of Bright's disease. Although a practised eye would long ago have suspected from Mr. Reed's appearance that he was the subject of a renal affection, he was able to continue his professional work without interruption up to within a very few days of his death.—*New York Medical Journal*.

CHLOROFORM IN EARACHE.—The *Courier of Medicine* says: "A simple, harmless, and infallible cure for earache is effected by making a small funnel of stiff writing-paper and saturating a ball of cotton the size of a hickory-nut with chloroform; drop it into the funnel; place the small end of the funnel into the ear, draw a long breath, and then blow the breath into the large end of the funnel; the fumes of the chloroform are thus carried into the ear and all pain ceases at once."

IMPROVED WRITING-APPARATUS FOR THE BLIND.—The *Journal of the American Medical Association*, quoting from *Bulletin de l'Academie de Medicin*, Paris, says: "The small portable apparatus invented by Dussaud writes the alphabet from left to right and on the side of the paper on which it is to be read, thus obviating the necessity of turning the paper over. Instead of a punch, the writing is done with a small frame containing six keys, like those of a typewriter, which allow all the combinations possible of the alphabet used by the blind and raise the letters in relief."

FORMALIN IN HYPERIDROSIS.—The *Philadelphia Medical Journal*, quoting from a foreign exchange, says: "In sweating of the feet formaldehyde possesses all the advantages of chromic acid without its disadvantages. A single application of either strong or diluted formaldehyde by means of a brush will bring about permanent relief. It is also well to sprinkle some formalin on the inner side of the soles of the shoes. For the ill-smelling perspiration of the axilla the author recommends washing with water containing ten to fourteen drops of formalin to the glass."



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

BISHOP D. S. TUTTLE laid the corner-stone of the splendid new structure of St. Luke's Hospital, at Delmar and Belt Avenues, St. Louis, Mo., December 1, 1902. The ceremony took place at three o'clock in the afternoon, and was largely attended by both clergy and laymen. Rev. Edmund Duckworth, chaplain of the hospital, delivered the invocation and the choir of Christ Church Cathedral sang a hymn, after which the historical statement was presented by the president of the Board of Managers, Mr. W. H. Thompson, which was followed by the bishop's address. The corner-stone was then laid, and the exercises closed with a hymn and the benediction.

THE Roman Catholic Sisters of Mercy contemplate building a new hospital at Bridgeport, Conn. The land has been purchased, and they will begin to build as soon as the weather permits.

ON January 1 there was opened at the Massachusetts General Hospital a children's ward containing eighteen beds.

TRAINING-SCHOOL NOTES

BELLEVUE HOSPITAL TRAINING-SCHOOL held graduating exercises on the evening of January 13 in the dining-room of the Nurses' Home, which was cleared for the occasion. The report for 1902 showed that many important changes had recently been made.

Under the provisions of the revised charter, which went into effect on February 1, 1902, the four large public hospitals in the city—Bellevue, Gouverneur, Fordham, and Harlem—were separated from the Department of Public Charities and became a separate department, known as the Department of Bellevue and Allied Hospitals, governed by a board of seven trustees appointed by the Mayor.

In noting these changes the report said:

"The great reorganization of methods in Bellevue, due to the intelligent and conscientious efforts of this Board of Trustees and its president, Dr. John Brannan, has produced much needed reform. The superintendency of the nursing of the entire hospital and the training of all nurses, male and female, have been placed in the hands of the superintendent of our school. She has become by virtue of this change superintendent of the Mills School for Male Nurses also, and will hereafter bear the same relation to its board that she does to ours, except that her appointment and removal are made by our board, subject to the approval of the Board of Managers of the Mills School and of the Board of Trustees.

"In February, before these radical changes were made, Miss Agnes S. Brennan sent in her resignation to the Board of Managers. For twenty years Miss Brennan had been connected with the school and for the last fourteen years had been its superintendent. The standing of the school and the efficiency of the nurses graduated under her care are a monument to her and a source of the greatest pride to the managers, who feel under a deep sense of obligation and gratitude for her long years of disinterested service.

"It was decided to call to the superintendency Miss Jane A. Delano, graduated in 1886, who for six years was superintendent of the University of Pennsylvania Hospital Training-School in Philadelphia and assistant superintendent of the hospital. She assumed charge on May 1.

"The Nurses' Home had been occupied rent free for many years, and in February last became the property of the school under the will of the late Mrs. William H. Osborn. The dining-room, kitchen, pantry, and bedroom facilities being entirely inadequate for the larger number of nurses now required, its ground floor was altered and connections made with the adjoining building, No. 420, which has been procured at a low rental and has been altered and furnished. The expense of these changes has been borne by a friend of the school. The dining-room, pantry, and kitchen facilities are now ample, but in spite of the twenty-two new bedrooms in the rented building and the adequate parlor office, we are obliged to rent the top floor of the Coffee House, No. 416, to afford bedrooms for our probationers, and the class- and lecture-rooms are still inadequate."

The great facilities for a thorough training at the school were detailed, and a public appeal for contributions was made.

Dr. Stephen Smith, in speaking of the changes that he could recall in Bellevue, said: "Within fifty years I can remember the three greatest reforms in the history of medicine. When I entered the hospital in 1851 anaesthesia was just being talked about." He told of the difficulties of operating before that discovery and compared the present methods. The greatest change, however, was that from the regime of "nurses from the island—ten-days' drunk cases—to the present trained nurse, quiet, careful, educated."

Mrs. Griffin, the president and a member of the original Board of Managers, distributed the diplomas to the class, which included Miss Lulu Jones, Miss Mabel Wells, Miss Anna Harkness, Miss Frances Detwiler, Miss Cora Snell, Miss Emily Niernsee, Miss Mary Bowen, Miss Anna Craven, Miss Elizabeth Downey, Miss Alice Macomber, Mrs. Fannie Hackett, Miss Edna Rogers, Miss Estelle Crowell, Miss Frances McCulloch, Miss Mary McCarty, Mrs. Nellie Hendrick, Miss Florence Opdyke, Miss Mary Smith, Miss Carrie Heckel, Miss Florence Derthick, Mrs. Elizabeth Bowyer, Mrs. Sarah Ferris, Miss Dorothy Hanneman, Miss Edna Smith, Miss Mary Holmes, Miss Bessie Clemens, Miss Helen Jewell, Miss Emma Thomson, Miss Clara Goodenough.

The nurses held an informal reception after the exercises, when the home was thrown open for inspection.

THE twenty-fifth anniversary of the founding of the Boston City Hospital Training-School for Nurses was celebrated on the evening of January 6 by the Nurses' Club in the reception hall of Vose House. There were present a large number of graduates of the Training-School and many resident nurses.

Three significant things were brought out by the addresses of the evening—that the training-school has placed the nurse in an enviable position as a trained worker, that the spirit of noblesse oblige, which measures the obligations of the nurse by one's capabilities and opportunities, is an ideal for which the profession strives, and that efforts ought to be made in Massachusetts to compel the registration of nurses by law.

Miss Lucy L. Drown, who presided, introduced as the first speaker Dr. Cowles, formerly superintendent of the hospital, who told of the conditions which prevailed at the City Hospital before the Training-School was established. Dr.

Cowles described the events which led up to the founding of the Training-School, and paid a tribute to Miss Linda Richards, the first superintendent of nurses at the hospital, crediting to her spirit and labors the success of the school.

Miss Richards herself followed with a paper, which was prefaced with the statement that Dr. Cowles and she had worked together to establish and maintain the school. She then spoke of the reorganization of the methods of nursing, the training of nurses, and the administration of her department. She said that before training-schools were started it was impossible to get an adequately trained nurse in Boston.

Miss Richards emphasized the need of State registration of nurses to prevent such catastrophes as the Jane Toppan murders, the benefit derived from such a pleasant home as Vose House, and closed with the appeal that her hearers be alert and conscientious.

Dr. Cheever, of the Board of Visitors, spoke of the years preceding and following the founding of the school. He said that he hoped a memorial tablet would be put up this year to those nurses and physicians who had died at the hospital while serving their fellows.

The Hon. Henry H. Sprague, of the Board of Trustees, who followed Dr. Cheever, said that during his long period of service the welfare of the nurses had been a matter of concern to him, and that he was highly gratified at the progress of the Training-School, and at the possession by the nurses of Vose House.

Dr. George H. M. Rowe, superintendent of the hospital, was given a specially hearty greeting when he was introduced to the audience. He detailed the growth of training-schools for nurses throughout the United States and the enlargement of the school at the City Hospital, the latter having now about one hundred and fifty members and a most excellent equipment and curriculum of study. Mrs. Dreyfus then presented to the club, on behalf of her father, Mr. A. Shuman, of the Board of Trustees of the hospital, a mahogany hall clock. A vote of thanks to the donor was passed. The company then partook of supper, which was served in the dining-room.

TORONTO GENERAL HOSPITAL NOTES.—Miss Hettie Megill, Class of 1894, Toronto General Hospital, is now superintendent of the hospital at Mapimi, Mexico.

Rahno Aitkin, Class of 1900, has been appointed superintendent of the Western Hospital, Montreal, P. Q. Her duties commenced January 8, 1903.

Annie Hartley is now head nurse in the private wards of the General Hospital.

Annie Carbeth Higbee, Class of 1888, has opened a private hospital in Toronto.

Teresa Miller, Class of 1884, missionary to China, died of typhoid fever in the summer of 1902.

Emma Hall, Class of 1895, who has been engaged in private nursing in her native city, London, Ont., ever since her graduation, presented the library of her Alma Mater eighteen volumes of the latest fiction as a Christmas gift.

Leila Batty, Class of 1891, left Toronto January 6, 1903, en route for Shanghai, China, to resume her duties as superintendent of the China Inland Mission Hospital there. She has been in Canada one year on a furlough.

The Home for Incurables, Toronto, organized a School for Nurses in connection with this institution January 10, 1903. Miss Catherine Allison, Class of 1900, has been placed in charge.

Jessie Duncan, Class of 1884, resigned her position as superintendent of the Cornwall Hospital in December, 1902.

Mary Allen, Class of 1896, missionary, China Inland Mission, has set sail for England in charge of two missionaries who are ill. She will ultimately return to Canada, where she will remain until the expiration of her leave of absence.

Maud Crawford, Class of 1899, has been engaged for some months past in practising as a visiting nurse in Winnipeg, Manitoba. She finds the work both agreeable and profitable, and at times has much more than she can overtake.

The graduating exercises of the Nurses' Training-School of the Woman's Hospital, Philadelphia, Pa., were held Wednesday evening, December 17, in Clinic Hall. The hall was prettily decorated with the hospital colors, "blue and white," tall palms, and many choice flowers sent by friends to the graduates. Exercises opened with prayer by Rev. Frederic Farr, D.D., who later in the evening gave an able address. The class history, read by Miss Moyer, as well as the class prophecy, by Miss Swank, were interesting and amusing. Dr. Seabrook's address contained sound motherly advice. She then presented the diplomas. Mrs. Vache sang two beautiful hymns, the class joining in one, "Master, Use Me." The alumnae was represented by Miss Greaney, Class of 1883, whose paper was a bit of alumnae history. It also urgently advised all graduates to join their alumnae, to unite in working for their training-schools, to promote nursing education and ethical standards, and to work for State registration. It recommended nurses to contribute to their nursing magazine, that they may keep posted in all that pertains to nurses. After the exercises the nurses held a reception in the hospital and refreshments were served.

THE head of a young woman's school in Paris, having been four years in a New York school, and seeing the care given our students in college and private schools by resident graduate nurses, realized the benefit received and has made application to the Presbyterian Hospital for a nurse to fill such a position in her French school. The nurse goes to take up this line of work in Paris next October.

One of our best New York schools has asked that the position of matron, or housekeeper, be filled by a graduate nurse. This demands executive ability, the happy faculty of managing people without friction, and the science of household economics.

The public has found that a graduate nurse when possessed of these essentials is a most valuable officer because of the discipline of her training.

APPOINTMENTS on the Hospital Nursing Staff of the Johns Hopkins Hospital for the years 1902-1903: Assistants—Miss G. C. Ross, Mrs. E. M. Simpson, Miss E. Lawler; Supervising Nurses—Miss Carolyn Van Blarcom, Miss Ellen La Motte; Night Superintendent—Miss N. Clarke; Instructors in Dietetics—Miss E. M. Smedley, Miss M. Peacock; Ward B—Miss Francina Freese; Ward C—Miss Robina Stewart; Ward D—Miss Bessie Baker; Ward E—Miss Eliza Dick; Ward F—Miss Florence Manson; Ward G—Miss Mabel Bent; Ward H—Miss Lida Gosman; Maternity Ward—To be appointed; Gynaecological Operating-Room—Miss Louise Jack; General Operating-Room—Miss Alice Witman; Dispensary—Miss Helen Crawford.

MISS DELLA UPFIELD, assistant superintendent of the Hale Hospital, Haverhill, Mass., has resigned her position in that institution to accept the position of superintendent of the Providence (R. I.) Lying-in Hospital. Miss Upfield is a

graduate of the Boston City Hospital and of the Boston Lying-in Hospital, Boston, Mass. She will enter upon her new duties January 1, and will be very much missed in the Hale Hospital, where she has served faithfully and well for over two years.

MISS McMILLAN has been appointed superintendent of nurses of the new Training-School which is being established in the Presbyterian Hospital, Chicago. Miss McMillan is a graduate of the Illinois Training-School, which has heretofore contracted to do the nursing in the Presbyterian Hospital. The new school will have a preparatory course, the three-years' training, and will be entirely under the control of Miss McMillan, who is responsible to the Board of Trustees.

MISS ETHE BUTCHER, of Chandlersville, Ia., Class of 1901, Johns Hopkins Hospital, went in September to a hospital in Jhansi, Northwest Province of India, sent out by the board of the Union Missionary Society. Her work there will be the establishment of a training-school, and she has entered upon this work, according to the demands of the society, for a period of seven years. The first two years of this time will be spent in acquiring the language of the country.

MISS MARY CLARK, who was for a number of years Dr. Da Costa's private secretary, is assistant to Miss Delano in Bellevue. Miss Bannister, who has won the title of M.D., is in charge of the Mills Training-School, being Miss Delano's chief assistant. The Training-School of the Bellevue nurses has been beautifully remodelled and enlarged, and many changes and improvements are under way coincident with a reorganization of the hospital itself.

MISS MARGARET P. PRIDHAM, who has filled the position of head nurse at the amphitheatre at the Massachusetts General Hospital since September, 1901, has resigned to accept the superintendency of the Training-School in connection with the Medico-Chirurgical Hospital in Philadelphia. Miss Jessie Bayldone has been appointed to succeed Miss Pridham.

MISS AGNES B. JOHNSTON, of Richmond, Va., a graduate of the Class of 1900, Virginia Hospital, Richmond, Va., has accepted the position of superintendent of Marsh-Highsmith Hospital, Fayetteville, N. C. This is a general hospital with thirty beds, and a Training-School for nurses has recently been added, with a three-years' course of training.

MISS ALMA S. ANDERSON, who was for a number of years superintendent of the Monad Hospital, Seattle, Wash., is now studying medicine in Chicago. Miss Anderson gave up hospital work because of ill-health, and spent some time in the Hawaiian Islands before entering upon her medical studies.

MISS IDA M. TRACY, who recently completed a post-graduate course at the General Memorial Hospital, New York City, returned to the University Hospital, Ann Arbor, Mich., as assistant superintendent of nurses. Miss Tracy was formerly night supervisor of this school for two years.

MISS FRANCES A. CHANDLER, Class of 1902, resigned her position of night superintendent at the Sloane Maternity Hospital in New York December 24, and has returned to the Massachusetts General Hospital as second assistant superintendent of the Training-School.

MISS KATHERINE FITCH, graduate of the Johns Hopkins Hospital, has been appointed assistant superintendent of nurses at St. Mary's Hospital, Salt Lake City. This is a general hospital of one hundred and twenty beds, with an active and growing service.

MISS INEZ BATES, a graduate of the University of Michigan Training-School, Class of 1902, holds a government position in the Indian School at Albuquerque, N. M. Miss Bates has recently nursed about three hundred pupils through an epidemic of diphtheria.

MISS HUTCHINSON, a graduate of the New York Hospital Training-School, has been appointed principal of the Training-School at the Sloane Maternity Hospital, and Miss Grant, of the Presbyterian Training-School, has been appointed her assistant.

MISS ELLEN GILMOUR has been appointed assistant superintendent of nurses of the Royal Victoria Hospital at Montreal, of which school she is a graduate. Miss Gilmour has been in charge of wards at the Johns Hopkins Hospital for the past two years.

MISS MABEL BURLEIGH, graduate from the Massachusetts General Hospital in 1901, has accepted the position of head nurse of the private corridors at the Sloane Maternity Hospital in New York, and entered on her duties January 8.

MISS SOPHIA L. EVANS, who graduated from the University of Michigan Hospital Training-School for Nurses in 1900, has recently been appointed superintendent of nurses at the Parker Memorial Hospital, University of Missouri.

MISS BERTHA G. RUSSEL, Bridgeport Hospital graduate, is seriously ill at the Meadville City Hospital, where she is assistant superintendent.

MISS McISAAC has returned from her trip abroad to her post in the Illinois Training-School.



DR. LORENZ was asked if a woman could learn to do his operations.

The Herr Professor shook his head without a suspicion of regret in his expression.

"She could not," he said positively and decidedly. "The first requisite to perform what is called these bloodless operations is strength—a man's strength. One does not want to see that in a woman."

"A woman may be a diagnostician, a general practitioner, but never should she be a surgeon. To be a surgeon requires all the qualities she should not have."

"What should she be?" I asked.

"A nurse!" cried the doctor.

"Let me right here congratulate the American nation. Never till I came to this country have I known what a woman could be in the way of a nurse."

"In Austria they are women of any class, of any sort. They are women of little education. Here in America they are ladies—ladies! Never have I been so amazed. They are in aprons and caps, but they are educated, they are refined, they are charming. Never have I seen such a thing—never!"

"You are so far ahead of us in this that I am lost in wonderment. You see how I appreciate what women may do, but say to them not to attempt to compete with my profession."

THE GUILD OF ST. BARNABAS

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Public Library, Boston



EPIPHANY

THE GIFT OF MYRRH

In the first page of the Gospel is the record of God's gift to man, the second page is the record of man's gift to God. The Gospel is the good news of God's Christmas gift. The answer to the Gospel is man's giving of himself and all that he has to God—the only offering fit for Wise Men to make or for God to accept.

We are reminded at Epiphany how the first act in worshipping Christ was that of giving. The Wise Men said they had come to worship the new-born King. What did they do? Did they pray? We call praying an act of worship, and so it is. Yet not by prayer or by song did they first worship Christ. "When they had opened their treasures, they presented unto Him gifts, gold, frankincense, and myrrh." Thus giving was the first act of worship paid by mortal man to the Son of the Most High.

Some people seem to think that the collection plate is almost out of place in the house of God. They look upon it as an interruption of worship. But instead it is a most important part of worship. Those who object to giving in church would have felt strangely out of place with the Magi in their worship of the Lord—a scene over which the holy angels hovered.

" . . . Myrrh." A brief catalogue of the Epiphany gifts which the Wise Men brought to Christ ends with this word. It was the wisest of the Wise Men who came last in the procession and brought the gift of myrrh.

The first Wise Man brought gold, for gold is the fairest and most enduring of all metals. There are few things that cannot be bought with gold. Great is the power which gold brings with it. Gold is the kingliest of metals, fit to offer to the King of Kings. They brought gold in deed and in symbol. The second Wise Man, still wiser, brought incense. Through all ages incense has been a sign and symbol of worship. Worship—worthy-ship—worthy above all else that lives is the Lamb of God—worthy of praise and prayerful worship. To men of all languages incense speaks in a way that all can comprehend. "*Myrrh*"—the symbol of pain and sorrow. He who brought myrrh was the wisest of the three Wise Men, for all that is beautiful, all that is sweet and true and noble, comes out of the bitterness of things. The highest joy comes out of pain—without the Cross there can be no Crown, without the battle there can be no peace. The key which unlocks the gate of Paradise is the key of sacrifice, pain, and suffering.

"Let us go even" with the shepherds "unto Bethlehem." "*Even*." Not an easy thing for them to leave their flocks; not an easy thing for the Magi to leave country and friends; not an easy thing for you and me to be self-denying—to take up our cross, to bear our pain, and to offer it unto our Lord. Yet—"let us now go even unto Bethlehem."

SYMPOSIUM

HOW EFFECTIVE IS THE GUILD OF ST. BARNABAS? HOW CAN ITS PURPOSE BE MADE
MORE SO? *

THE measure of the effectiveness of a guild like that of St. Barnabas, which has to do with the spiritual advancement of individual souls, can be known only to God the Omnipotent. We finite minds can form an estimate only from outward appearances. The writer is disposed to think that the good fruits are far more abundant than outward evidences alone would indicate. So far as his observations go, there has been a very noteworthy deepening of the spiritual life and most commendable devotion to duty on the part of those members of the guild who take it seriously. The one thing needful to the well-being of the guild is the conviction in the minds of nurses that theirs is a vocation and not a mere profession, a response of the heart to the call of God, and not the mere choice of employment. With this will come the realization that they are God's agents in working out His high purposes, ministering not merely to the needs of perishable bodies, but to those of immortal souls as well. This will inspire to higher ideals of personal fitness and awaken a sense of weakness that calls for Divine aid. Others who are interested in works of mercy will respond to the heart's craving for mutual support and help, and the way be opened for the most effective work, which St. Barnabas Guild may do with eminent success through the church's means of grace. In short, the guild may be just as effective as a help to the individual nurse as she herself will make it. The success of the meetings will depend very largely on the interest and zeal of the chaplain and the number and kind of associates he can command. The fact ought always to be borne in mind that the nurse's time is precious. Meetings should begin promptly on the stated hour and be conducted with enthusiasm and snap. The overworked nurse needs recreation, so there should be abundant light entertainment provided by a committee having that specially in hand that the meetings may be physically and mentally restful as well as spiritually uplifting. Only a keen realization of the need and the fitness of the guild to supply the need, together with well-sustained effort to promote its usefulness, will make it ideally effective.

REV. GEORGE D. WRIGHT,

Chaplain pro tem. Grace Church Branch, Chicago.

ORANGE, N. J.—December has been a busy month. We held our first sewing-meeting to prepare for the sale, which formed part of a very successful entertainment held on the 17th, and "a musical kettledrum, with sale of stock collars, Christmas cards, and calendars," comprised the programme. The object which had enlisted the sympathy of friends and members was to raise funds to assure the rent for one year of a room in the "Visiting Nurses' Settlement" for any nurse needing care and attention, but not seriously ill, necessitating hospital treatment. The articles displayed met with a ready sale, as did the tea, which included a dainty cup and saucer. Then we listened to and greatly enjoyed the high class of vocal and instrumental music with which we were favored. The proceeds amounted to some one hundred and thirty-three dollars. The rent is thereby assured, and after all unavoidable expenses have been paid a balance remains of about one-third of the rent for a second year should the project be successful.

The organist of Grace Church, Orange, Mr. Ronald Grant, gave a recital in

* Read at the Annual Council.

that church on December 22 and offered a fine programme, which was listened to and appreciated by a large audience.

We assembled again in Grace Church December 31 by way of saying farewell to the old year. No new members were admitted, as the nurses are more than usually busy. Our chaplain put before us new and deeper thoughts of the lessons to be gathered from the Christmas season. As usual, he has addressed a Christmas letter, which each member of the branch receives, and it never fails to reach the hearts of all who read it, and our thanks to him are very heartfelt.

A short business session was soon followed by tea and coffee, mixed in with good wishes that the Christmas season had been a happy one to all, and that the new year would be one of great blessing to ourselves and the guild at large.

BOSTON.—The Boston Branch of the Guild of St. Barnabas held a most enjoyable Christmas-tree at St. Stephen's Parish-House on the evening of December 31.

These occasions have always been of special pleasure and the present was no exception to the rule. Father Osborne delivered the address at the service in the church and spoke most impressively on the Christmas text, which never becomes old or hackneyed,—“Unto us a child is born; unto us a Son is given.”

The preacher dwelt on the value of this great gift, by which our Saviour took upon Him our flesh and asked us to consider what we had to offer Him in return, urging us to consider on that last night of the old year how much we had given to God and how much we still kept from Him, for the service of the Almighty is not a divided service, nor can we ever satisfy Him by stopping short of giving Him our whole hearts. The service which a nurse has to give, being made up largely of self-sacrifice, is a most acceptable one when made in a proper spirit.

The trouble when we feel unsatisfied with our gift usually is that we are keeping back too much. No more useful or earnest thought could have been given us for meditation during the solemn moments of the end of the year.

In the parish-rooms the tree was as brilliantly lighted and as cheery as ever, and we exchanged many heartfelt wishes for a happy and prosperous new year. Much fun was caused by the gifts, as it has been our custom for each to bring one, wrapped up, and then a number is put on each and also on a Christmas card. These cards are passed around and each guest draws one, after which the number is called out by the chaplain and the holder of the corresponding card claims it.

Last year Bishop Brent officiated, and we thought of him this year with many grateful words and good wishes.

Our present chaplain's efforts this year were most untiring, and even though some of the members had to be called several times, either from timidity or want of attention, all were at last made happy and many merry by what they received.

Occasionally a man would receive a hat-pin or a stock collar, as many of the articles were of a feminine nature, but, on the whole, things seemed quite appropriately distributed, and the fickle goddess Chance was on her best behavior.

Several of our priests associate were present, and after a merry evening and many last words we ended our last meeting for 1902.

The Boston Branch is on the point of losing two valued members, as Miss Dame is to take charge of a hospital in Canada and Miss Pridham goes to Philadelphia for the same purpose. We are sorry to hear of the illness of the latter friend, and hope the change may be beneficial to her.

PRACTICAL HINTS

♦ ♦ ♦

COMMON-SENSE IN THE LAUNDRY.—In the last number of the *JOURNAL* Miss Lord in her paper on typhoid fever has given a procedure for the care of soiled clothing to which the writer takes exception. To soak in a disinfectant and then to boil *before* washing results in staining and ruining sheets and all linen supplies, not only making such clothing obnoxious to patients, but causing many pieces to be discarded before they are worn out.

To every hospital matron *staining* is a heart-breaking problem. To secure, perhaps with great difficulty, a quantity of new sheets, to have had them made extra long and extra wide, that they may not pull up at the bottom or work out at the sides, and then after the first washing, to have them come back to the linen-room with a variety of stains is a most discouraging experience, but under the usual method that Miss Lord has endorsed of soaking in a disinfectant and boiling before washing staining will be the invariable result.

There is but one way to wash clothes, and that is the plain, old-fashioned, household method of soaking in cold water, washing in hot soapsuds, boiling, rinsing, and then bluing.

Boiling is our one sure method of disinfection. Chemical disinfectants are unnecessary even in a hospital. "Sours" and "bleaches" and every kind of chemical agent should be abolished. Abundance of water, adequate facilities for boiling, with a good quality of laundry soap into which may be boiled a very small quantity of washing-soda if the water is very hard, are the only agents necessary, provided the laundry is under the supervision of a woman of sufficient intelligence to appreciate the necessity for extreme care under certain conditions.

Staining is caused by the coagulation of the albumin in blood or discharges, which becomes entangled in the meshes of the fabric both by chemical agents and the process of boiling.

To avoid staining, discharges containing albumin must be removed from the fabric without coagulation. The process of "washing" which I give is from my own personal experience in two laundries, where staining of clothing was the rare exception rather than the habitual rule, and which was always the result of disobedience on the part of someone.

Clothing from typhoid patients and from a small contagious department was handled in the one general laundry, and during a period covering more than ten years not one case of contagious disease developed among the laundry workers. Adjoining the laundry proper always should be a room, preferably small, for the handling of soiled or infected linen; and by linen I mean all of the ordinary supplies, sheets, pillow-cases, night-clothing, etc.

The room which I have in mind was a very crude affair with a cement floor and sides, the floor sloping to a central sewer trap, with cold water brought into the side of the room by a pipe, to which a stout rubber hose was attached. The first step in the process was the careful classification of the clothing in the wards, only such articles being sent to this room as was absolutely necessary, the discharges, if any, not having been permitted to become dry. This

clothing was dropped in bundles into tubs of cold water and left to lie there until the laundry woman, whose business it was to look after this work, was ready to attend to it. This she did dressed in rubber boots, with skirts well turned up and a large rubber apron. The bundles were opened wet, handled wet, and if discharges were adherent, the force of the cold water from the hose quickly removed all solid matter. Specially soiled clothing was lifted with a stick. The idea implied here is that germs do not rise from a wet surface, neither is their development rapid in cold water, coagulation of albumin is prevented, and after being treated in this way infected clothing may be handled with impunity.

From this room this clothing was taken immediately to the general laundry-room, washed by the usual process in the ordinary steam washers, in hot water and soap, and in a second water boiled thoroughly under pressure of steam for half an hour. Then followed the ordinary rinsing, bluing, wringing, and drying, and this clothing was as white and free from odors and stains as that of the ordinary "clean" wash.

The weak point in my process is that the infected water in which the clothing has been soaked goes into the sewer without disinfection, but where city sewerage is properly taken care of I do not consider this method a menace to the community. But even if the hospital, as a matter of public precaution, should be at the expense of boiling the water in which the clothing has been soaked, I believe that from the stand-point of economy the cost would be less in comparison with the destruction and defacing of valuable property which is caused by the use of chemical agents and preliminary boiling. Nothing is more offensive than to get into a strange bed that smells of carbolic acid, and I contend that such odors are as unnecessary in a hospital as they are in a private house, and also that hospital clothing can be white and free from stains provided the person in charge of the laundry is intelligent, conscientious, and painstaking, but for such service the hospital must expect to give adequate compensation.

WASHERWOMAN.

LEFT to herself in a great measure and to her own resources, seldom seeing a doctor, often having no one to advise her, the district nurse must of necessity have a basis of good hospital training, and, in addition, must be a woman of high principle, tact, refinement of feeling, and must possess in no small degree sympathy with the poor people, together with a good share of inventive genius.

It is wonderful what can be *done without* on occasion; equally wonderful is it how well one can *make shift* with the materials at hand when necessary.

Called to a patient suffering from bronchitis or any affection for the relief of which the doctor has ordered steam-kettle and tent, we look round at the "nakedness of the land," and long for the apparatus all complete as we had it in hospital. Our longings, however, are vain, and, thrown back on limited resources, we inspect what the house contains or the neighbors can provide, in the way of clothes-horse for frame, and such counterpanes, shawls, or curtains as can be spared for draping the said frame, and with the supplementary aid of hammer and tacks, or string judiciously slung on to existing hooks and nails, we soon have the patient in a very satisfactory tent, with the steam puffing gayly through a long tube of brown paper attached to the spout of an ordinary kettle.

This last is, of course, a temporary arrangement until we can lend a bronchitis-kettle from the home, or until a neighboring tinsmith can fix a long tube

on to the lid of an ordinary saucepan, an arrangement which really answers the purpose admirably.

Nor is the bronchitis-kettle the only use to which brown paper can be put. Passing by its usefulness when the supply of poultice-rags falls short, it makes, when placed under the draw-sheet, a capital temporary protection to the bed of a patient found to be suffering from incontinence of urine, etc., also a protection to the patient from the evil consequences arising from an already damp bed; and one old lady had so proved by experience the value of brown paper as a non-conductor of heat that she could not be persuaded to part with her brown-paper blankets.

One deep-rooted prejudice—that against fresh air in a sick-room—has to be fought persistently by every district nurse, and how to ventilate a room, at the same time avoiding draughts, is a matter which calls for the exercise of considerable tact and skill. It seems sometimes that architects and builders conspire to hamper and hinder the efforts of the district nurse in this direction by their illogical arrangement of windows and doors and their sublime indifference to comfort and convenience. We frequently find it impossible to put the bed out of a draught, and the useful clothes-horse, with its nondescript draperies, has to be pressed into the service, or, failing that, the draperies have to be held in the position required by a string stretching from one end of the room to the other. When a patient is very sensitive to cold air or averse to it, a capital Hinckes-Bird ventilator may be improvised by opening the window, laying a thick roll of newspapers the exact width of the window on the bottom sill, and shutting the window down on to it. By this means the air enters the room in an upward direction at the opening between the top and bottom sash, and no draught is felt. Where I have not been able to get newspapers, I have used a sheet, a rug, a coat, or, in fact, any article of wearing apparel not in immediate use.

Operations in the district are performed under difficulties, and considerable time has often to be expended before the room can be got into anything like suitable order. The cases, however, do remarkably well, in spite of the fact that the operating-table may be made up of two pieces of furniture never intended to be put to such a use, that the sutures repose in a soap-dish and the instruments in a pied-dish, that the lotions are mixed in a milk-bowl or a soup-tureen, and the charger or receiver is a meat-dish. Nor is the patient more likely to suffer from collapse after the anaesthetic because he is put back into a bed warmed with oven-shelves or flat-irons or "pop" bottles.

Time and space forbid, or this "*Chat on Makeshifts*" could be prolonged indefinitely, recalling instances where we have been glad to utilize a bonnet-box as a cradle for an injured limb, or, failing that, a child's hoop chopped in two pieces, the severed ends resting on the bed and kept in position by a piece of wood nailed on the top to form a connecting and supporting bar; where we have manufactured quite a useful bed-table out of an orange-box; where a chair, properly placed and packed with pillows or their equivalents, or a mangle-board, has served as an excellent bed-rest; where a roller-towel looped on to the rail at the foot of the bed has been of immense comfort as a pulley; where we have been glad to use teapots as feeders, oatmeal to eke out a scanty supply of linseed-meal for poultices, and (whisper it softly) have taken the ragged apron off a drunken wife for want of better material on which to spread the poultice when mixed. For towels we are given anything, from a sheet to a woollen vest.—"*A Chat on Makeshifts*," by F. E. W., in *League News*.

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IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

REPORT OF THIRD ANNUAL MEETING OF SPANISH-AMERICAN WAR NURSES, HELD AT WASHINGTON, D. C., DECEMBER, 1902

(Continued from page 310)

THURSDAY morning, December 4, was the time set for official receptions, and at half-past nine the nurses assembled at the Ebbitt House, dressed, with very few exceptions, in uniform, including their caps. They were driven in omnibuses to their first destination, the White House, which they entered through the main corridor, and were ushered into the state dining-room. As a part of the recent reconstruction of the interior of the White House, this room was greatly enlarged and the walls, hung with tapestries, were of dark oak panelling, the ceiling being decorated in elaborate plaster work and left white. Dr. McGee was first invited to the adjoining Red Parlor, where the President greeted her. She spoke to him of the great pleasure and honor felt by the nurses in having the opportunity to greet their Commander-in-Chief, to which he replied that the pleasure was on his side and he wished, indeed, that all delegations which visited him were so sincerely welcome as was this one. Dr. McGee also spoke to him of the proposed legislation for a corps of nurses in the navy and of the interest taken in it by the society. The President expressed his interest in the matter, and said that such a measure as that proposed would have his hearty support. Mrs. Roosevelt then entered the room escorted by the secretary to the President, Mr. Cortelyou, and the nurses were invited to enter. As each passed into the Red Room her name was announced by Dr. McGee, when she shook hands with the President and then with Mrs. Roosevelt.* It is said that this was the first time a body of trained nurses has been received by the Chief Executive, and it was an unusual distinction to be received both by the President and by Mrs. Roosevelt, since the President, instead of receiving in his public office, as is customary, returned to the White House for the express purpose of meeting the nurses.

Leaving the White House, the members of the society, who this morning were eighty-four in number, drove the few steps to the building in which are the offices of the State, War, and Navy Departments. Their first visit here was to

* While calling on Mrs. Roosevelt afterwards, Dr. McGee expressed to her again the appreciation of the War Nurses in being so courteously received by her, and Mrs. Roosevelt said that she had enjoyed seeing them, and she was especially pleased at the intelligence and earnestness shown on their faces.

the Surgeon-General of the Navy, Admiral Rixey, and after gathering in his office and being individually presented, he had a little talk with them about his great desire to have a nurse corps in the navy and of his intention to give preference to nurses who had already seen military service in the army. This was the first of ten receptions held in the building, at each of which Dr. McGee presented the nurses by name and all shook hands with the officials and officers receiving them. No less than three Cabinet Officers—the Secretary of State, the Secretary of War, and the Secretary of the Navy—greeted the society. The Secretary of State is the Honorable John Hay, who was private secretary to President Lincoln during the Civil War and has since held many diplomatic positions, including that of Ambassador to England in 1897-8. He is also well known as a poet and historian. It was "diplomatic day," and the new Ambassador of Austria, the Minister from the Netherlands, and the Minister from Japan each had a sight of the War Nurses.* The Secretary of the Navy is the Honorable William H. Moody, formerly Member of Congress from Haverhill, Mass. The Secretary of War, Honorable Elihu Root, greeted Dr. McGee with a "Good-morning, Lieutenant," and, after shaking hands with the nurses, said that he appreciated their appearance in uniform. He added that officers were sometimes afraid of appearing to parade themselves when they wore their uniforms, but with trained nurses there was no question of that kind,—their uniforms always inspired respect.

The new Surgeon-General of the Army, Brigadier-General R. M. O'Reilly, was naturally the officer in whom the nurses took most interest. General O'Reilly did not see much of the nurses during the war, but a considerable number came under his orders afterwards, when he was Chief Surgeon of the Island of Cuba. With him, to receive the society, were his assistants, Major Jefferson R. Kean, Captain M. W. Ireland, and Mrs. Dita H. Kinney, Superintendent of the Nurse Corps. Some time was spent here in pleasant conversation, after which the nurses passed through the clerical rooms of the Surgeon-General's office, and took special interest in visiting Mrs. Kinney in her own office. Then Quartermaster-General Ludington shook hands with all the nurses, and had with him in his office Colonel Long, Captain Dare, Colonel Patten, and Captain Baker. With Commissary-General Weston were Colonel Alexander, Captain Gallagher, and Captain Murray. Paymaster-General Bates was not in the building, but Colonel Sniffen received the society in his stead. By special request the chief of the Signal Corps, General A. W. Greely, also shook hands with the nurses, and in doing so he asked each one where she had served and called attention to the varied service of the officers whom he introduced as his assistants, Major Scriven and Captain Carr. General Greely is one of the most distinguished officers of the army, having been in command of the United States Polar Expedition, which started in 1881. Three years later, after two relief expeditions had failed, the third was rescued by the surviving parties of the relief expedition under Captain W. S. Schley. He has written much on geographic subjects, and the Signal Corps under his orders did wonderful work in the Spanish War and later in its construction and management of telegraphic lines and other means of communication.

The Navy Department was visited a second time to see Captain Sigsbee, whom most of the nurses had already met at Dr. McGee's house. This famous officer,

* The Minister from Japan has since made several inquiries of the writer regarding the army nursing and asked for detailed information on the subject. He has also presented her with pamphlets about the nursing in Japan and its Red Cross organization, which is entirely under official control.

who was in command of the Maine when she was blown up in Havana harbor, and commanded the St. Paul during the Spanish War, was most cordial in his greetings. Apart from his war record, Captain Sigbee is well versed in the methods of exploration of the deep seas, and has made inventions in this line. He presented the nurses to his assistant, Lieutenant John B. Bernadou, who distinguished himself during the war when he was in command of the torpedo-boat Winslow and was wounded off Cardenas. Lieutenant Bernadou is also a well-known author on naval and geographic topics.

Before returning to the Ebbitt House for lunch, the members of the society assembled on the steps of the War Department, where a group photograph was taken.

Thursday afternoon at three o'clock members of the society and their friends assembled at the Washington Barracks to see the drill which was to be held in their honor. Major W. C. Borden, commanding officer of the general hospital at the Barracks, and Major Charles D. Reynolds, in command of the hospital corps company of instruction there, are justly proud of the work the recruits of the corps are taught to do in the brief time they are at the school. The following programme, which shows the military side of their lessons, was carried out: (1) Inspection in field uniform and equipment; (2) tent drill; (3) setting-up drill of the soldier; (4) litter drill; (5) improvisation of litters; (6) removing wounded without litter; (7) ambulance drill; (8) practical nursing and diet cooking. Under this last head attention was called to the professional side of the teaching. Miss Elizabeth Stack, a member of our society, has long given the men practical lessons in suitably preparing the army rations and hospital supplies as diet for the sick. This work she was so successful with that for some time past she has also been giving practical lessons in the elements of nursing. Miss Stack does the best possible in the brief time at her disposal, so that the men do not enter hospital wards totally unprepared for their duties. Some of Miss Stack's pupils made beds and cooked refreshments for the benefit of the Spanish-American War Nurses, and their work was much appreciated. The officers wanted the nurses to understand that the management of the hospital corps in time of peace is similar to that of a training-school for nurses, special attention being paid to the military side of their duties. In the schools which are maintained in Washington and San Francisco, and to which all recruits are sent, they follow the principle now advocated in civil training-schools of giving preliminary instruction before actual hospital work is undertaken. After thanking the officers and men at the barracks, the nurses returned to headquarters well pleased with their afternoon.

Friday evening the society proceeded in a body from the Ebbitt House to the Arlington Hotel, where ex-Secretary of War Russel A. Alger, formerly a volunteer general of the army and now a United States Senator from Michigan, was to receive them. The nurses were presented also to Mrs. Alger and to their daughter-in-law, Mrs. Alger, then to their guest, General Swann, who has lately returned from the Philippines. Some time was spent in conversation, during which General Alger said that he at first had been opposed to nurses in the army, but it had not taken him long to become thoroughly convinced of the great value of their services. He added that if there was anything he could do for the nurses at any time, they had only to let him know what it was. Mrs. Hale, wife of the Senator from Maine, who is chairman of the Naval Affairs Committee, came

into the parlor and also extended a greeting to the society. She was surprised to hear that there was no trained nursing in the naval hospitals, and said she felt sure the deficiency would soon be remedied. This closed the day's receptions, but it will perhaps not be out of place to add that Dr. McGee attended that evening a reception and supper given by the Medical Society of the District to Dr. Lorenz, the Austrian surgeon, where in the course of a talk with him, and also during a little speech which she was called upon to make, she spoke of the work of trained nurses in America, and especially of the army nurses, and in return Dr. Lorenz asked that his greetings be given to the society.

The early morning of Friday was spent in sight-seeing in the guidance of some of the Daughters of the American Revolution Committee, and about eleven o'clock all gathered on the floor of the House of Representatives in the Capitol, where the Honorable J. A. T. Hull, chairman, and some members of the House Committee on Military Affairs greeted and talked with them. After lunch the boat was taken for the trip to Mount Vernon, the home of George Washington. While visiting the old mansion, which is sixteen miles down the Potomac River in Virginia, special courtesies were shown by the superintendent by admitting them to the rooms which many visitors are only allowed to gaze at through the doorway. The tomb of Washington is in the grounds of the estate. Some of the Daughters of the American Revolution Committee accompanied the party on the trip. On the way home, as there were but few other passengers, the society took possession of the main saloon and held a business meeting. When the boat reached Washington, a recess was taken to assemble in the parlors of the Ebbitt House, where the third annual meeting was formally adjourned.

It remains only to add that most of the members stayed over Saturday for sight-seeing and took a trolley-car trip, going over the car-lines of the city in such manner as to show its main interesting features. The guide who accompanied the party used the megaphone to announce the sights of the city as they were passed. Thus closed a very busy week, and one which seemed to be most truly enjoyed by all of the participants. The only regret was that every member of the society could not have been present to take part in the reunion.

ANITA NEWCOMB MCGEE.

[The report of the business meeting will be given in the March number.]

MISS ALLINE'S REPORT OF THE CLASS IN HOSPITAL ECONOMICS FOR
THE MONTH OF DECEMBER.

THE month opened with lectures by Miss Banfield, taking three hours Thursday afternoon and two hours Friday morning. The students were intensely interested and always cry "More!" when a course of lectures is finished.

The outside work was a thorough inspection of hospital supplies and surgical instruments of the Kny-Scheerer Co.

Through the kindness of Miss Maxwell the class had the privilege of attending a lecture on "Hospital Plumbing" by Dr. Fisher. It was a clear and comprehensive lecture with a practical demonstration. We are greatly indebted to Dr. Fisher, especially as he repeated it for us, it being impossible for our students to attend when he lectured to their pupil nurses.

As seen by the outline course of study, only half of the year is given to biology. This left that study in such an unfinished state that it was very unsatisfactory.

factory to our students. An interview with the instructor, Dr. Biglow, resulted in arranging a course of six lectures to be given in the second half year. This makes extra hours for the students, for which I am sorry, but they are exceedingly anxious for the work in that branch to be more complete. It is very generous of Dr. Biglow to give his time to us.

The last day before the holidays four pictures were taken of the class in the various laboratories. The proofs have not been returned yet. We hope to have them reproduced in the March number of the JOURNAL. Respectfully submitted,

ANNA L. ALLINE.

THE NURSES' SETTLEMENT IN NEW YORK CITY

THE number of patients on the books in the last year was forty-four hundred and seventy-two; nursing visits made, twenty-five thousand eight hundred and forty; first aid cases treated, fifteen thousand five hundred and fourteen.

The settlement has twelve nurses on district duty in different parts of the city, while those in charge of the country home, the town houses, and first aid and supervisory work bring the number to seventeen. Besides these, one nurse more is engaged in teaching and organizing household and home-making classes.

There are also resident a young woman who teaches carpentry and basket making, a young kindergartner, who takes charge of the dancing-classes, and, in the winter, Mrs. Florence Kelly, secretary of the Consumers' League.

In the coming year it is expected that extensions in the nursing service will be made.

The enlargements in the past year were the opening of a summer home for children and young girls, the gift of a new town house, the alteration of one of the old ones as permanent club quarters, and the renting of a small house for the carpentry classes.

L. D. W.

PUBLIC-SCHOOL NURSES IN NEW YORK CITY.

THE Board of Health in New York City will establish the public-school nursing as a definite system for the current year, the Board of Estimate and Apportionment having granted the appropriation required to cover this work. Nurses will be kept informed of any extension or development of this service through THE AMERICAN JOURNAL OF NURSING.

L. L. ROGERS.

VIRGINIA STATE MEETING

THE Virginia State Nurses' Association held its last annual convention in Richmond at the Young Men's Christian Association Hall.

While the Executive Committee held a brief conference, the nurses attending the convention registered and paid their annual dues, Miss E. P. Jones acting as treasurer. The general session was called to order at five o'clock P.M., Miss Cabannis, the president, in the chair.

The minutes of the last meeting were read and approved without correction.

The Committee on Constitution and By-Laws, Miss C. H. Johnston, chairman, submitted its report. After the most careful debate and consideration of each article and section, which led to some slight amendments, the constitution and by-laws were adopted.

There was considerable discussion as to the advisability of local associations

in each town in the State, and the establishment of a central registry or directory, to be under the control of such local associations.

The selection of officers followed. Result: President, Miss Cabannis, Nurses' Settlement, Richmond (Johns Hopkins Training-School); first vice-president, Miss Besley, superintendent University of Virginia Hospital (Children's Hospital, Washington, D. C.); second-vice-president, Miss M. Whitehead, Lynchburg, Va. (Virginia Hospital); third vice-president, Miss Ions, Home for the Sick, Petersburg (Philadelphia Hospital); recording secretary, Miss E. H. Webb, Richmond, Va. (Old Dominion Hospital); corresponding secretary, Mrs. William Glasgow, Roanoke, Va. (Johns Hopkins Training-School); treasurer, Miss Randolph, Charlottesville, Va. (Virginia Hospital).

The following appointments: Chairman of Nominating Committee—Miss E. R. Preston Cocke.

Chairman Publication Committee—Miss Coralie H. Johnston.

Committee on Arrangement—Miss Besley.

Mrs. William Glasgow was appointed chairman of the Committee upon State Registration for Nurses.

The next meeting was announced to be held at Charlottesville in May, and individual notices will be sent previously to each member.

The meeting was then declared adjourned.

More than sixty nurses were present, every section of the State being represented, and among the visitors was Miss Wyche, chairman of the North Carolina Committee on State Association. Never before has there been so large and enthusiastic an assemblage of nurses in this State.

Tea was served by a Reception Committee composed of graduates from every training-school in Richmond, and the second annual convention of the Virginia State Nurses' Association was generally voted a most enjoyable success.

THE annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING Company was held at 299 Henry Street, New York City, on Thursday afternoon, January 15, at two o'clock.

Miss M. E. P. Davis, Miss S. F. Palmer, Miss L. L. Dock, Miss M. M. Riddle, and Miss A. D. Van Kirk were the five directors elected for the ensuing year.

At the directors' meeting, held at "The Clara Louisa Home," January 16, at ten o'clock in the morning, Miss M. E. P. Davis was elected president, Miss M. M. Riddle treasurer, and Miss A. D. Van Kirk secretary.

A four per cent. dividend was declared to all stockholders holding stock before the closing of the books on January 6, and made payable on April 6.

ANNE DRAVO VAN KIRK, Secretary.

January 21, 1903.

MICHIGAN TO ORGANIZE FOR REGISTRATION

AT a meeting of the graduate nurses of Detroit on December 12 an organization was formed to be known as "The Graduate Nurses' Association of Detroit," the object of which is to secure State registration and advance all other interests of the profession.

The following officers were elected: President, Miss L. J. Gross; first vice-president, Mrs. L. E. Gulter; second vice-president, Miss M. Mace; recording secretary, Miss Bettys; corresponding secretary, Miss A. G. Deans; treasurer, Miss Ford. Constitution and by-laws were adopted.

MASS MEETING OF THE NURSES OF MASSACHUSETTS

ARRANGEMENTS are being made for a mass meeting to be held in Faneuil Hall, Boston, to consider the organization of a society to promote registration of nurses in Massachusetts. The twenty-sixth is the date mentioned, but the committee are not yet (as we go to press) absolutely sure of securing the Hall for that day. Nurses who are not likely to be reached through this Alumnae Association should send their address to Mrs. M. M. Riddle, 745 Massachusetts Avenue, Boston.

REGULAR MEETINGS

NEW YORK.—The December meeting of the Alumnae Association of New York Hospital Training-School was one of unusual interest. After routine business the Board of Trustees announced the resignation of Miss Gillette, superintendent of club-house, and the appointment of Miss Sanborn to the vacancy. Plans for a new club-house were discussed. Miss McVean and Miss Twitchell, delegates to the State Federation of Women's Clubs held in Brooklyn in November, gave interesting reports of that notable gathering of club-women and of subjects discussed and work accomplished. Mrs. Newcomb, of Stony Wold Sanatorium, followed with a talk on the work, which is nearing completion and which will give relief, so much needed, to tuberculous women and children. The meeting then adjourned to music and refreshments.

CHICAGO.—At the regular meeting of St. Luke's Alumnae Association, held Wednesday, December 17, Mrs. Ella Moore, of the University of Chicago, gave a delightfully interesting talk on "Romola," in which she presented a most comprehensive view of that beautiful work of George Eliot, both as to its moral and literary value. A short business session was held immediately after the lecture for the purpose of voting upon two names for active membership. Since resuming meetings in the fall there have been added to our membership the names of Miss Carolyn Foote, Miss Ellen Kershaw, Miss Florence A. Baldwin, Miss Anna S. Hipwell, and Miss Carrie P. Price.

WASHINGTON, D. C.—The Alumnae Association of the Garfield Memorial Hospital Training-School for Nurses met in one of the lecture-rooms of the new medical college of the Columbian University December 9. Dr. A. L. Stavely gave a very interesting talk on "Vaginal Discharges." Afterwards a short business meeting was held.

COLUMBUS, O.—The trained nurses of this city organized in February, 1902, the organization to be known as the "Graduate Nurses' Association of Columbus, Ohio." The association has at present an enrolment of fifty members, and effort is being made to secure larger membership. Regular meetings were held in May, September, and November, with good attendance. At the last meeting, November 6, Dr. L. J. Chapman gave an interesting talk on "A Home for Nurses." Besides the regular business, there was a discussion of the great loss sustained in the death of the president, Mrs. W. T. Wells, and a Committee on Resolutions was appointed.

CLEVELAND, O.—The regular monthly meeting of the Graduate Nurses' Association of Cleveland was held on Tuesday, December 30, at the Deaconess Home, Woodland Avenue. The meeting, coming at the holiday season, was a social one, a feature of the afternoon being a Christmas-tree bearing a souvenir for each nurse. Refreshments were served and a most enjoyable time spent.

BOSTON.—At the December meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses it was voted to present each honorary member with one of the alumnae pins. Twenty-eight members were present and four recent graduates were elected to membership. The discussion of plans for the promotion of good-fellowship among the members was very interesting. Refreshments were served.

NEW YORK—BELLEVUE.—A very pleasant and interesting meeting was held in the Training-School Parlor, 426 East Twenty-sixth Street, December 18, at three-thirty o'clock. Delegates were elected for the January meeting of the State society. It was announced that on January 1 from four to six Mrs. W. Stuart Brown, of Sanford Hall, Flushing, L. I., would hold a reception for the members of the alumnae to meet the graduating class. At the close of the business meeting the usual social was held.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnae Association was held at the Training-School Tuesday afternoon, January 6. Twenty-six members present. As there was no business of importance to transact the meeting was quickly adjourned, after which an informal reception was held, coffee and cake being served. Among those present were several members of the Seney Hospital Alumnae Association.

BOSTON.—The regular monthly meeting of the New England Hospital Alumnae Association was held at the hospital. A large number was present. The subjects discussed were "State Registration" and the "Club-House." A Committee on State Registration was nominated and the names of ten nurses were handed in to join in the responsibility of the house. A very interesting paper was read by Miss K. B. Smith upon her experiences at the Johns Hopkins Hospital, where she spent two months last summer. One new member was enrolled. A pleasant hour was spent after adjournment at the Nurses' Home.

PHILADELPHIA.—The alumnae of the Protestant Episcopal Church Hospital in Philadelphia resumed its meetings in October. At the November meeting it was decided to have every third meeting at the Church House, Twelfth and Walnut Streets. At the January meeting two names were proposed for membership. A motion was made and carried that the alumnae join the Consumers' League in a body. Three of the graduates are taking a course of instruction at the Drexel Institute in "cooking for the invalid." Miss Haven, one of the above nurses, will impart knowledge so far received to the alumnae at the February meeting.

PHILADELPHIA.—The Alumnae Association of the University Hospital held its regular monthly meeting on Monday, January 5, 1903, at three P.M., with the president, Miss Rudden, in the chair. Miss Margaret Willette, Miss Anna Artley, and Miss Margaret Jones were admitted to membership in the association. Thirteen members were present.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, January 14, 1903, at three P.M., in the New Century Club, Twelfth Street, below Chestnut, with the president, Miss Walker, in the chair. It was decided that a "lecture" or "talk" on some subject of general interest to nurses should follow the business meeting. The securing of a room for the use of the members as a club-room was discussed and referred to the Club-Room Committee. Two new members were admitted to the association. Seventeen members responded to the roll-call.

BROOKLYN, N. Y.—The annual meeting of the Alumnae Association of St. Mary's Training-School, Brooklyn, for the election of officers was held on Monday, January 12. Miss N. C. Hughes was re-elected president; Miss Noble, treasurer; and Mrs. Macfarlane, secretary. The meeting was unusually well attended, and adjourned to meet on the first Monday of March at 90 Hewes Street.

WASHINGTON, D. C.—The regular monthly meeting of the alumnae of Garfield Memorial Hospital Training-School was held on January 13, and was preceded by a lecture by Dr. Deale on "Ethics to be Observed between Doctor and Nurse." This lecture was well attended by graduates of other schools, who seemed to appreciate the invitation which had been extended to them. Very little business was transacted, but a number of questions were discussed, the most important of which was the sick benefit fund. A suggestion that nurses help each other by relating their experiences at the monthly meetings was made by Miss Nevins and met with general approval.

PHILADELPHIA.—The Nurse Alumnae Association of the Woman's Hospital, Philadelphia, Pa., gave a tea to the Class of 1902 on Wednesday afternoon, December 10, at 1227 Arch Street, Philadelphia. There were forty guests present. Miss Street gave some very charming music. There were several visitors from other schools, and everyone seemed to have a sociable time. Flowers for the table were sent by Misses Manon, Allen, and Greaney. The association members were greatly pleased to make the acquaintance of Miss Rennyson, the new superintendent of nurses at the hospital.

CHICAGO.—A meeting of the graduates of the Passavant Merril Hospital was held October 18, 1902, to organize an Alumnae Association. The following officers for the year were elected: President, Miss B. D. Hamilton; vice-president, Miss A. Liljenstolpe; secretary, Miss I. Osterberg; treasurer, Miss M. Oleson. Misses Barr, Garrett, and Hamilton were appointed to draft a constitution and by-laws. The same were presented at the December meeting and with a few amendments were adopted. A committee was appointed by the president for the printing of constitution, etc. Three new names were proposed for membership. Meetings are held on the first Tuesday of each month at three P.M.

CLEVELAND, O.—The Alumnae Association of the Training-School for Nurses of the Cleveland General Hospital held their monthly meeting at the hospital Monday, January 5, 1903. Miss Smythe, superintendent of the Training-School, gave a very interesting and instructive talk on "Intravenous Infusion." The plans for furnishing a room in the hospital for sick members of the association were completed. The association has a sick benefit fund also.

MARRIAGES

ON December 30, at the Park Street Methodist Episcopal Church of Bridgeport, Conn., Miss L. Willard Green, graduate of the Bridgeport Hospital, to the Rev. Samuel Gurney, M.D. After spending three months in England, Dr. and Mrs. Gurney will go to their future home at Umtali, Rhodesia, Africa, where they will take charge of the Industrial Mission Hospital.

AT the residence of her father, Dr. W. H. Schenk, Flemington, N. J., on November 29, 1902, Miss Annie Schenk, graduate of Bellevue Hospital Training-School for Nurses, to Mr. Lambert Humphrey. Mr. and Mrs. Humphrey will reside in Flemington.

ON December 13, 1902, in New York City, Mary Agnes Guex, Class of 1887, Toronto General Hospital, to Mr. Francis Henry Wall.

ON December 31, 1902, Miss Nettie Benson, Class of 1900, of the same school, to Mr. Matchebacker.

OBITUARY

"IT is the lives like the stars, which simply pour down on us the calm light of their bright and faithful being, up to which we look, and out of which we gather the deepest calm and courage."

At the first meeting of the Graduate Nurses' Association of Columbus, O., subsequent to the death of the president, Mrs. Wells, the members desired to express their love in the following resolutions:

"That in the death of Mrs. Wells we have lost one who, by her tireless ministry in her chosen profession, by her ready sympathy with other nurses and devotion to their interests, by her unselfishness and sweet disposition, has raised the standard of nursing as no other member of the association could have done.

"That of her it may truly be said, 'When she passed it seemed like the ceasing of exquisite music.'

"That these resolutions be sent to Mr. Wells and a copy placed upon our records.

"HARRIET BATTENFIELD,
"CLARA B. HARPER,
"MYRTLE KING,
"MARGARET LOWRIE."

MRS. EDITH WYMAN RODMAN died December 21, 1902.

WHEREAS, It has pleased our great Father, in His wise providence, to take out of this world the soul of one of our companions in the Alumnae Association of the Presbyterian Hospital Training-School for Nurses, Mrs. Edith Wyman Rodman, of the Class of 1898.

Resolved, That while deplored her death, inexpressibly sad in its untimeliness in her young years, we, her associates, declare our appreciation of her lovable and sterling qualities of mind and heart, and are glad and grateful that we have had the opportunity of associating with her.

Resolved, That we express to her husband and family our sympathy, and that a copy of the above be published in THE AMERICAN JOURNAL OF NURSING and recorded in the minutes of the society.

ALICE B. HOUGHWOUT,
GERTRUDE E. KILPATRICK,
SARAH H. STRAIN,
Committee.

ST. PAUL, MINN.—At a special meeting of the Alumnae Association of St. Luke's Hospital Training-School, held December 13, 1902, the following resolutions were adopted:

"WHEREAS, It has pleased Providence to take from our midst our sister nurse, Eka Sterling; therefore be it

"Resolved, That we, the members of the above association, tender our sympathy to her bereaved family.

"Resolved, That we commit to our records our expressions of love for our sister nurse, and our appreciation of her beautiful character.

LU N. DAVIS,
E. M. REDPATH,
M. E. TWEEDIE,
Committee."

IT is with deep sorrow we announce the death on December 9 of Miss Evelyn C. Kelley, at the home of her father in New Bedford, Mass.

Miss Kelley graduated from the Paterson General Hospital, Paterson, N. J., in 1898, and was made superintendent of nurses May 1, 1899, and held the position until April, 1901, when her health began to fail.

She went to the woods of Maine, and, improving, returned October 1, 1901, and resumed her duties. One month later she was again forced to give up. She went to Saranac Lake, where she stayed for some time, returning to her home this summer.

RESOLUTIONS.

Resolved, That, as a tribute to the memory of Evelyn Clark Kelley, and as an assurance of the esteem in which she was held by the alumnae of the Training-School of the Paterson General Hospital, this memorial be published in each of the newspapers of this city.

Inasmuch as it has pleased Almighty God to remove from our midst our fellow-member and former superintendent of nurses, who was loved and esteemed by all, be it

Resolved, That we, in the loss of so true a friend, record our great sorrow and extend to the family of Miss Kelley our heartfelt sympathy. May the knowledge that others respected and loved her, who was our tireless worker, bring comfort to them in this, their hour of trouble.

MARY E. O'NEILL,
JOSEPHINE OSBORNE,
HARRIET RAGLAND,
ISABELLA TURNBULL,
FLORENCE DEMAREST,
MARGARET WALLACE.

DEATH OF MISS FLORENCE HUTCHESON

THE nursing profession has suffered a severe loss in the death of Miss Florence Hutcheson, superintendent of nurses in the Homeopathic Hospital in Boston, who succumbed to a severe illness against which she had struggled with courage for some weeks. Miss Hutcheson had had a distinguished career in training-school work, having held the position of superintendent of nurses almost continuously during a period of eighteen years. Her first position was in the Indianapolis City Hospital, where her work was so conspicuously admirable that she was called from this school to St. Luke's Hospital in Chicago, and accepted the latter only after repeated and urgent calls. After a long service in St. Luke's Hospital, her health requiring a change, she spent a year of rest, after which she was made superintendent of nurses in the Homeopathic Hospital in Boston.

Miss Hutcheson was exceptionally noble and lovable in her personal character. She commanded universal respect, and her friends gave her a personal loyalty and devotion that were quite unusual. Her work was always done quietly, and she never appeared in public. Her intellectual powers were of a high order, and perfectly balanced by qualities of heart and by a keen wit and unerring sense of humor.

Miss Hutcheson was born in Canada, and graduated from Bellevue in New York City in 1886. Her death took place in the last week of December.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

ORGANIZATION NOTES

THE VICTORIAN TRAINED NURSES' ASSOCIATION

THE first annual meeting of the Victorian Trained Nurses' Association was held in the Athenaeum Hall, Melbourne, on October 13, and was attended by some two hundred nurses, looking fresh and dainty in indoor uniform. The annual report was presented by the secretary, Dr. W. A. Wood, who also announced that a paid secretary had been appointed and an office secured at Oxford Chambers, Bourke Street West.

The treasurer, Dr. Vance, congratulated the society on its strong financial position, and Dr. O'Sullivan, in moving a vote of thanks to the retiring council, said that the educated nurses of the present day were entitled to the fullest respect from everyone.

The poll for the election of officers and members of the council, 1902-3, was then declared, and it was decided that country sub-committees, of which there should not be more than three, should each have two representatives on the council.

Mr. Godfrey, chairman of the Melbourne Hospital Committee, addressed the meeting on the advantages of the association to the public. The great advantage to the public, he said, was that relatives of sick persons could employ a member of the association in perfect assurance that she was fully qualified, competent, and efficient.

Dr. G. K. Syme, who spoke regarding the advantages of the association to the medical profession, said that the imposition of untrained and unskilled nurses upon doctors and the public in cases of emergency would now be impossible.

Miss Glover (honorary secretary) observed that as forty-five country hospitals had become affiliated with the association, the day when untrained matrons pretended to teach nurses their work was now at an end.

The Victorian Association is, if we understand rightly, affiliated with the Australasian Trained Nurses' Association.

THE SOCIETY OF THE RED CROSS IN GERMANY

THE Red Cross Association of Germany is one of the most thoroughly organized societies in the world, and perfectly developed in all its details.

It is like an enormous tree, the trunk of which is composed of the highest military officials, headed by the Emperor and Empress, and the branches of which are the local societies existing in almost every German city or town.

At the annual meeting of the nursing societies of the Red Cross in Germany, held at Munich last November, about twenty-four mother-houses were

represented. These "mother-houses" are unlike any secular nurses' training schools in America, being planned somewhat on the lines of the religious sisterhood; that is, they undertake to train their nurses and to give them a home and provide for them throughout life if the nurses so desire. They send them wherever their services may be needed, give them home and board and uniform, with a little pay, look after them in sickness, and in old age give them pensions or establish old-age homes for them. Comparatively few hospitals in Germany conduct their own training-schools. Instead, they apply to one of the "mother-houses" for as many nurses as they need, paying the mother-house for the services of the nurses. This is why one finds, for instance, in the old Charity Hospital in Berlin, nursing deaconesses and nursing sisters from four or five different schools, each under control of a head nurse from her own school. It is computed that two-thirds of all the nursing work of Germany is in the hands of religious societies, largely Protestant, and the census of 1900 gave the number of women nurses in Germany as thirty-eight thousand. An interesting feature of the annual meeting of the Red Cross societies mentioned above was a paper read by the superintendent of the Bavarian branch, Fräulein von Wallmenich, in which she recounted the duties and responsibilities of a nursing matron and her need for a broad education, and described a training-school established in Munich for hospital matrons which seems to be quite similar in its purpose to our course in hospital economics. The course lasts for one year, and comprises lectures on ethics, pedagogy, hospital administration, insurance and poor-law (Germany has a national law compelling old-age and sickness insurance of working-people), elementary architecture, gardening, hygiene, electro-therapeutics, bookkeeping, French and English, chemistry of foods, housekeeping, and cooking,—certainly a most varied and broadening curriculum for a hospital head, and exceedingly suggestive as showing how similar to our own are the problems of nurses in other countries. One class has finished this course.

The monthly paper, *Unter dem roten Kreuz*, is issued by the women's organizations devoting themselves to nursing in the colonies, and gives the reports and activities of the various branches, with many interesting details of the hospital work carried on under their auspices. The December number shows groups of nurses working in Dar-es-Salaam, in Tanga, in Kamerun, in Togo, in Windhoek, in Swakopmund, and Keetmanshoop in Africa, and still another in China.

The nurses are supported by the home societies, who take the warmest interest in them, sending them Christmas boxes, new uniforms, little comforts for their rooms and living quarters, and generally looking after them. Some of the letters from the sisters published in *Unter dem roten Kreuz* show that their work is arduous and varied.

Sister Hermine Seiff writes from Keetmanshoop:

"I have had an extraordinary amount to do lately, as I had to cook for eighteen people. The only 'boy' I had to carry water, chop wood, wash dishes, etc., fell sick, and the substitutes changed every couple of days, as no one liked so 'frightfully much work.' Fortunately, now I have an excellent woman, although, to be sure, she speaks not one word either of German or Dutch, and two prisoners carry the wood and the water."

"The water question is the most important one here, as every drop must be carried, not only for cooking and dish-washing, but for laundry as well."

Later she writes:

"My duties have changed lately, as I have had to take charge of the apothecary's department, as well as of the laundry for the hospital. A soldier assists in the kitchen. Whether this arrangement lasts will depend on the approval of the government. Our field surgeon arranged it so temporarily, as, on account of sickness and changes in the service, the work of these departments was unsatisfactory to him.

"As this drug department not only dispenses medicines and surgical supplies to the hospital and settlement here, but also to several points south, there is quite a good deal to do. Here my early training stands me in good stead, as in the small hospital where I was trained we learned to make the different mixtures, ointments, and solutions, whereas in a large hospital such work does not make part of the nurse's training."

Another nurse in Windhoek conducts a home for children, with kindergarten, sewing-, and knitting-classes, etc.

SCHOOL BOARD NURSES

THE *British Medical Journal* of recent date has the following paragraph in regard to the school nurses:

"For the past year a nurse has been employed under the direction of the medical officers of the London School Board to visit certain schools and draw the teachers' attention to the personal condition of their pupils in regard to general cleanliness, pediculosis, and skin eruptions. In neglected cases she visits homes and advises the parents to secure medical advice, etc. She is not supposed to carry out any treatment, but is regarded as a sanitary missionary analogous to the inspectors employed by health boards, and has to report weekly to the medical department, calling attention to any details of cleanliness, washing arrangements, and other school conditions which may form a basis for further inquiry if necessary. The experiment has been regarded as such a success that more nurses are now to be employed. The advertisement for these has attracted some attention and has given rise to a certain amount of misunderstanding, owing to the way in which it is expressed. According to this advertisement the nurses are required to visit the schools and to report on the presence of ring-worm, and they are required to have had experience in skin diseases, thus suggesting that in the minds of the board these nurses are competent to diagnose cases of ring-worm, although, as is well known, this is beyond the capacity of a nurse except in certain well-marked cases. We think the wording of the advertisement is much to be regretted, as the nurses applying under this circular may be encouraged by it to go out of their proper sphere and regard themselves as what they are not,—viz., experts in the diagnosis and perhaps in the treatment of skin diseases. We have a good deal of sympathy with the object of the board in employing nurses, as we feel sure that much good may be done by their assistance, but we should much regret seeing any friction arise with the medical profession. This can only be avoided by keeping them distinctly to such duties as are described in the first part of this paragraph and by checking any tendency on their part to regard themselves as competent to diagnose or treat diseases."

Upon reading this paragraph we are reminded of the work of the school nurse in New York City; there she works directly under the orders of the physician—certainly a more satisfactory and definite way. We, however, contend with emphasis that the school nurse ought to be rather more than a mis-

sionary merely. The medical inspector should give her orders for the *definite application of treatment* in many of the school cases, as we all know that the actual cleansing and application of medicaments and bandages does the work in a short time, where prescriptions followed by the mother's futile attempts leave the child for weeks unhealed of some simple ailment. We cordially agree that the nurse should not diagnose or prescribe; nevertheless, we are inclined to think—*sub-rosa* and with modesty—that the nurse who cannot learn to tell a ring-worm when she sees it, except in a rare instance, would hardly know a little woolly dog if it came in her way.

The London School Board is also conducting a thorough examination of the eyesight of the pupils, with the result of finding serious defects of vision in about eight per cent. of boys and eleven of girls. Another excellent piece of work of the London School Board is the recently undertaken one of securing from the Parks Commission sites on parks and open spaces which may be used for convalescent homes for children.

School inspection by medical officers is carried on in a number of German, French, Belgian, and Swiss towns; none, however, have yet added the school nurse.

LETTERS

ANOTHER WORD FROM MRS. TSILKA

MRS. TSILKA writes to Miss Maxwell, from Kortcha:

"My adventures with the brigands were so very dreadful—very fearful; but, thank God! that is all past, and to-day I am sitting down in a very bright, cheerful room, with my husband playing with Ellenchin, and I comfortably writing this. You know, sometimes it seems so hard for anybody to live in this country that many times we have been about ready to run to America. This autumn some money was sent us from America to build a dormitory for the girls. The necessary permit for the building was obtained. Afterwards, when about half through, the government stopped us. All the material was left exposed to the weather. It was done just to give us trouble, for the government does not want improvements. Besides that, the Greek Catholic Bishop persecuted us; they do not wish to see Protestantism triumph. Besides these troubles, brigands are all around us, and I can't help shiver at any gunshot in the night. If we ever come to America, it won't be until next summer. I am afraid to expose my darling to any more dangers."

ITEMS

THE last report of the League of St. John's House Nurses, London, contains several items of general interest, viz.:

"Though yet in its early youth, the league has done some good work. The self-instruction scheme suggested by one of the members has been responded to, the subjects chosen being botany, literature, and French. French evidently has the preference, as so many nurses have felt the need of a knowledge of it in private nursing, not only abroad, but also often at home.

"Three very good collections of flowers were sent in for inspection by members of the botany group.

"The magazine published half-yearly under the title of *St. John's House*

News is much appreciated, and has already travelled to all four quarters of the globe.

"A small sum has been set aside as a nucleus for a Delegate Fund, and a small annual subscription has been voted to the Society for the State Registration of Trained Nurses. The league now numbers ninety-five members."

A LETTER in the *British Journal of Nursing* gives a pleasant picture of our Australian sisters' doings:

"Last week the matron and nursing staff of our City Hospital gave an 'At Home' in commemoration of the completion of the Nightingale wing, which is the nurses' home of the Sydney Hospital. There were about five hundred present, and we had a most enjoyable evening admiring the house, which is open to inspection. On the ground-floor are three dining-rooms, all opening into each other, furnished with small tables, at which the staff sit according to rank—sisters, head nurses, second nurses, assistant nurses, and probationers. Then there are the kitchens, servants' hall, store-room, linen-sorting room, etc. Then upstairs the matron's office, dining-room, and sitting-room. The last mentioned is one of the 'completion' rooms, and has a lovely balcony overlooking the Domain Park and the harbor. This balcony and two above it are a great boon to the home, for in the summer nurses can spend the evenings on them, and enjoy the lovely view over the Domain, the Botanical Gardens, and away to the South Head."

THE nurses of Sir Patrick Dun's Hospital in Dublin have established a very charming precedent which others may well follow.

In honor of Miss Margaret Huxley, their matron, who lately gave up her position after eighteen-years' service in the hospital, the nurses have contributed a sum of money, the income of which is to be used for a gold medal, to be called "The Margaret Huxley Prize," and to be given biennially to the best nurse trained in the hospital, this being decided by (1) marks given by the matron for the time being in conduct and general nursing ability, together with (2) the marks obtained in the theoretical examinations.

THE Royal British Nurses' Association during the past two years has been raising money for its projected home for nurses. No doubt many of its members in this country are interested. The *Journal* says:

"It is very evident that the housing problem of the day presses very heavily on ladies living alone on small means. The cost of lodgings is high and is always increasing. There is often grave difficulty in finding any suitable rooms at all, and the privations endured by those who are compelled to spend more than half their income on cramped and inconvenient quarters point to the urgent need for making provision to meet their requirements.

"Many members of the Royal British Nurses' Association have long recognized the desirability of providing special quarters in which nurses retired from work may spend the rest of their lives in comfort. Accordingly a vigorous effort is now being made to erect a settlement in which members disabled in the pursuit of their calling and in old age may have the comforts and freedom from outside worries they desire.

"It is proposed to accommodate, in the first instance, twenty nurses. Each nurse's quarters will be entirely self-contained, and will be so arranged that

she may live, should she desire it, in complete independence of others. The rooms will open on to corridors (warmed and lighted), with bath-rooms (hot and cold water) and lavatories on each floor.

"A common club-room, well stocked with books and papers, will be available for the recreation of such as desire to use it.

"Each lady will have her own furniture, and the rooms will be fitted with such modern appliances as may conduce to the convenience of the occupants, separate larder and store-room accommodation being provided for each.

"One or two small rooms will be available for friends of the residents in case of any illness requiring extra attendance."



DR. LEDERLE'S account of the school-nurse undertaking in a talk to the public in the Charity Organization Building:

"As one instance of the stimulus which comes to us from workers outside the department, take the work of the Nurses' Settlement. When the Health Department began this autumn to carry out honestly the rules regarding the medical inspection of schools, we found that we were turning out children at the rate of about two thousand a week for various minor complaints more or less contagious in character. What to do with the children was then the question. We had no means of instructing their parents as to the care they needed, and yet without such instruction they might lose considerable schooling before they were cleaned or well enough to return. I then remembered a talk I had had with my friend, the head-worker in the Nurses' Settlement, who had told me of the work of school nurses in London. I found a little money available and persuaded Miss Wald to release one of her workers for a short time. In twenty school days this nurse had treated eight hundred and twenty-five cases among children and had insured the return to school of nearly all. Many of them might otherwise be out of school yet. I hope you will not tell the Civil Service Commission this, because I engaged the nurse without asking its consent, and I have been bold enough to make an appeal to the Mayor for financial support in an effort to employ at least six nurses. That was all I dared to ask for at present, but I should like twenty, and I should be able to find work for them all. I do not think the Mayor and the Board of Estimate will refuse our request. If they do, it will be the first time since January 1 that the Health Department has presented in vain the needs of the people for whom it is working."

AT a recent conference of the Oranges the subject considered was, "How may Institutions and Churches be Helpful in the Solution of the Tuberculosis Problem?" Dr. S. A. Knopf, of New York, gave the principal address. Miss Belle Ogden McKee read the report of the Civic Sanitation Association for the past year, which told of house-to-house inspection and educational work in the tenement districts of the Oranges. Three hundred and seventy-seven premises were visited, and one-half of these were inspections of plumbing, draining, and housing conditions. One resident of the tenement-house district said to the inspector six weeks after her arrival, "We are waiting for you on this street. The girls in the factory where I work have heard about you and are anxious to help the work."

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 10, 1902.

BARTHOLOMEW, ANNIE M., recently on temporary duty at the General Hospital, Presidio, San Francisco, discharged.

Bowles, Mrs. Rosa L., formerly chief nurse at General Hospital, Fort Bayard, N. M., discharged. Married to Mr. James J. Moran. Will reside at Pottsville, Pa.

Brockman, Marie, graduate of Lutheran Hospital Training-School, St. Louis, Mo., appointed December 24, 1902, and assigned to duty at the General Hospital, Presidio, San Francisco.

Burke, Nina M., transferred from Iloilo to the First Reserve Hospital, Manila, P. I., for temporary duty there.

Entwistle, Irene F., formerly on duty at the First Reserve Hospital, Manila, arrived in San Francisco on Thomas December 23; at home for discharge at expiration of one month's leave.

Fletcher, Mary C., reserve nurse, reappointed December 22 for duty at the General Hospital, Fort Bayard, N. M.

Haefner, Emma, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila, P. I.

Kepkey, Georgia M., transferred from First Reserve Hospital, Manila, to duty on Thomas en route to the United States. Arrived in San Francisco December 23 and assigned to regular duty at the General Hospital, Presidio.

Krauskopf, Lilian, recently arrived in the Philippines, assigned to duty at the Convalescent Hospital, Corregidor Island, P. I.

Ledlie, Kate S. M., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Lewis, Winifred E., reappointed December 22 for duty at the General Hospital, Fort Bayard, N. M.

Lucy, Lula Estelle, graduate of "The Retreat for the Sick," Richmond, Va., appointed December 16 and assigned to duty at the General Hospital, Presidio, San Francisco.

McCarthy, Julia M., recently arrived in the Philippines, assigned to duty at the Convalescent Hospital, Corregidor Island, P. I.

MacDonald, Jeanette, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

McGingan, Margaret, graduate of Kings County Hospital, Brooklyn, N. Y., appointed December 31, 1902, and assigned to duty at the General Hospital, Presidio, San Francisco.

Reynolds, Katharine R., graduate of Buffalo Homeopathic Hospital, appointed December 27 and assigned to duty at the General Hospital, Presidio, San Francisco.

Roper, Mary J., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Tait, Elizabeth E., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Weber, Eva Dora, reappointed December 15, 1902, and assigned to duty at the General Hospital, Presidio, San Francisco.

Wheeler, Margaret M., graduate of Buffalo Hospital, late head nurse at Kings County Hospital and superintendent of nurses at Mercy Hospital, Des Moines, Ia., appointed December 27, 1902, and assigned to duty at the General Hospital, Presidio, San Francisco.

White, Alice Cecil, graduate of Rochester City Hospital, appointed December 27 and assigned to duty at the General Hospital, Presidio, San Francisco.

Wills, Edith M., transferred from duty as nurse at the General Hospital, Presidio, San Francisco, to duty as chief nurse at the General Hospital, Fort Bayard, N. M.



A NEW METHOD OF EXTRACTING FOREIGN BODIES FROM THE EAR.—There is no more delicate and even difficult task, so states the *Medical Press*, than the extraction of a foreign body from the external auditory canal. Irrigation often fails to bring it away, and in certain cases adds to the difficulty by causing the object, a pea, for instance, to swell and become more firmly impacted. The employment of instruments is very painful and requires considerable dexterity, besides supposing an armamentarium specially designed for the purpose, which few general practitioners possess. The recommendation is made of a piece of soft rubber tube, the length of a cigarette and of the proper size, to be introduced into the ear. The end of the tube is dipped in paraffin and pushed into the canal until it comes in contact with the foreign body, whereon the operator, applying his mouth to the free end, aspirates forcibly, at the same time throwing back his head. Except in cases of angular bodies of irregular contour this method is usually attended by success, the body coming away with the tube.

MIDSHIPMAN AIKIN AND VIVISECTION.—Dr. W. W. Keen, of Philadelphia, has kindly furnished us with a copy of his recent open letter to Senator Galinger in which he cogently sets forth the fact that in the case of Midshipman Aikin he would have been unable, but for his studies on the lower animals, to come to a conclusion as to the situation of the blood-clot of which he relieved the sufferer by trephining. He points out that in all probability the patient would have died if it had not been removed, and remarks that in the practice of other surgeons the like ability to recognize the situation of an intracranial lesion remediable by operation has depended upon such studies. He very properly, therefore, calls upon the Senator, who is a physician, to desist from further efforts to unduly restrict the practice of vivisection in the District of Columbia. It is to be hoped that the Senator will see that it is more humane to allow vivisection, under such restrictions as are not hampering, than to hedge it about with practically insurmountable difficulties.—*New York Medical Journal*.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: It may be of interest to a great many of our Baltimore nurses to know something of the recent work of Miss Katharine H. Bauzhof.

Miss Bauzhof was one of Baltimore's pioneer nurses, and did active and well-remembered work here for a number of years.

About two years ago she removed to Lancaster, Pa., her old home, where at last, with her usual zeal and effort, she has succeeded in opening and equipping a very model little hospital known as the "Bauzhof Sanatorium." It is principally for surgical cases, but all cases are treated.

In a recent letter she is quite breezy and enthusiastic.

As nurses we should be glad to claim Miss Bauzhof as our sister, and I am sure she has the hearty good wishes of all her old Baltimore friends and patrons.

G. L. A., Nurses' Club, 21 North Carey Street.

15 EAST FAIR STREET, ATLANTA, GA., January 7, 1903.

DEAR EDITOR: I note the paper published by a German Red Cross sister, which appeared in the January number of THE AMERICAN JOURNAL OF NURSING.

The sister says: "In large cities we do find some immoral nursing of men by women. That a nurse should be a member of an association supervised by the State; her uniform should be protected; she should have had an education given her by a conscientious and high-minded superior, and an examination and diploma given her by the State."

I have never viewed this subject from the same stand-point that the pious sister emphasizes so strenuously.

I maintain that no specific uniform, State diploma, association, religious or otherwise, can inspire universal honor, integrity, principle, and chastity.

The young and unsophisticated, launching out with practically no knowledge of human nature, should certainly be impressed in her early hospital training by the importance of forever obliterating from her mind sex distinction, and I do hope superintendents will emphasize again and again to their nurses this one thought, there should be no sex in the category of a nurse's work.

The physician treats both male and female impartially, and who would dare to voice a suspicion!

The nurse's profession is second to none. It is the most honorable and soul-inspiring work any woman can possibly adopt.

In the sick-room she has unlimited opportunity for doing good. When one relieves physical suffering of man, she has a most favorable opportunity for directing that mind to The Great Physician who can heal all diseases and cleanse the heart from every secret sin.

A nurse who is not inspired by motives higher than mere material and carnal instincts is not a suitable individual to be thrust on the unsuspecting minds and hearts of men or women.

The suggestions prescribed by the sister are so remote, that I fear the male population would be virtually extinct and the millennial dawn upon our land before the plan could be feasibly carried into effect; and the "sanguine flower," I dare say, will not look back at her with favor and beauty because a flag of woeful disapproval flaunts over her head if she failed to discern the still, small voice at the door of her heart, bidding her to "choose this day whom you will serve;" and if she refused to nurse the sick, who had no personal choice granted him in being born a man.

If she rely on the Holy Ghost to go before her to make the crooked places straight and the rough places smooth, there may be a few failures from time to time in the nurse's work, but they will arise on the human side, not the Divine.

In the early morning entrust to Christ to keep you faithful, and then as hour succeed to hour expect Him to keep that which you have committed unto Him.

BESSIE BANNISTER,

Graduate of The Mary Thompson Hospital, Chicago, Ill.

DEAR EDITOR: We nurses in North Carolina, like a good many others just now, are struggling with the question of State registration, and the thing that is troubling us most at the present time is the title the nurse is to assume if we are fortunate enough to get our bill through.

We are very anxious to select one that will be generally satisfactory, and I do not see how we can find that out unless you will be good enough to allow us to use THE AMERICAN JOURNAL OF NURSING as a means of reaching the nurses, as we cannot get anything like a consensus of opinion by writing to a few. Of the various titles that have been suggested none seems to be entirely satisfactory.

Would it be possible to use the degree, M. S. N. (Medical and Surgical Nurse), now granted by a school in Camden, N. J.? Failing that, would L. S. N. (licensed State nurse) be acceptable?

G. N., or graduate nurse, would be suitable a year or two hence, but it seems to me for obvious reasons to be scarcely suitable at the present time. R. G. N. has the same objections,—namely, that for a limited time nurses who are not graduates will be allowed to join.

S. N. and R. S. N. hardly seem to meet all requirements, as many women with a very small amount of training call themselves trained nurses.

R. N. is very well as far as it goes, but, as someone has suggested, it savors somewhat of "registered stock."

M. H. LAWRENCE,

Superintendent Rex Hospital, Raleigh, N. C.

January 8, 1903.

[The New York and Illinois nurses have decided upon the title R. N. What the title is is of not so much importance as that *all* of the States should use the same. To use R. N. in New York City and M. S. N. in Jersey City, for instance, would create a condition of confusion twice confounded. As we understand the situation, the untrained nurse will be permitted to do nursing work, but will not be included in the membership of State societies or be allowed to use the title.—Ed.]

DEAR EDITOR: The following may be of interest to the nurses throughout the country:

The terms of service of many members of the Army Nurse Corps are drawing to a close. Under previous conditions and up to the present time the opportunity

for admission of new members to the Nurse Corps have been few, but there is a probability that in future appointments will be much more frequent. This state of affairs offers an excellent chance for nurses who may desire to place their names upon the eligible list.

Applicants are required to be graduates of a large general hospital giving at least a two-years' course of training and residence in a hospital. They must be recommended by the present superintendent and also by the one under whom they were trained, and must furnish satisfactory evidence of vigorous health. Graduates of special hospitals and private sanatoria are not eligible for admission to the Army Nurse Corps unless they shall have supplemented their training by a graduate course in some large general hospital.

Applications for the necessary papers should be made "To the Surgeon-General, United States Army, Washington, D. C."

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communication cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



THE TREATMENT OF PEDICULOSIS.—Nurses who have had hospital experience only, with the use of very expensive drugs, such as tincture of larkspur, or of dangerous disinfectants, such as corrosive sublimate, for pediculosis, may be glad to know of the cheap and eminently satisfactory modes of treatment which we use in our work.

Kerosene oil, undiluted, is one of the best parasiticides. A fifteen-minutes' soaking of the hair and head in kerosene will completely destroy all lice, even of the worst variety. Even a much shorter period of soaking will kill everything, but our usual method in teaching the mothers is to have them apply the kerosene for three days in succession. This kills any newly hatched lice which may appear from the nits. It is not certain that the kerosene kills the nits entirely, and for these we get the best results from the use of hot vinegar. The vinegar should be of full strength and made as hot as it can be applied.

It seems to dissolve the gelatinous substance by which the nits are attached to the hair, and after its application they can all be brushed or rubbed off.

We apply the hot vinegar in routine cases the day after the last application of kerosene. If no live lice are in the head, but nits are on the hair, the hot vinegar may be used to loosen them without using kerosene. The hot vinegar has no bad effect upon the hair, and kerosene is good for it.

"DISTRICT NURSE."

EDITOR'S MISCELLANY

WOMEN AS MILITARY NURSES.—We have more than once insisted on the decided superiority of women to men as nurses in the military service. Officers of high rank in the medical corps of the army and in that of the navy have unreservedly avowed their preference for women as military nurses, but until recently it has not been certain that the officers of those corps is general coincided with their seniors on this point. It is gratifying to learn that they do, as appears from an article published in the November number of the *Journal of the Association of Military Surgeons of the United States*, by Lieutenant Commander John W. Ross, a surgeon in the navy, who, after putting on record his own high appreciation of women nurses for the military service, says: "About the first of February, 1902, the chief surgeon of the Division of the Philippines summoned all the medical officers in Manila to a conference, and there asked if they could not run their hospitals without the female nurses. This inquiry was *unanimously* answered in the *negative*." Speaking for himself, Dr. Ross says: "It seems to me that the medical officer who, having within the last four years served in the army or navy with trained women nurses, remains honestly opposed to their permanent and extensive employment in military hospitals must be a direct descendant of the old Scotchman who thanked the Lord that he was not open to conviction."

Another article on this subject, published in the same journal, is by Anita Newcomb McGee, M. D., who was for a time an acting assistant surgeon in the army and in charge of the Army Nurse Corps. It is Dr. McGee's opinion that trained nurses in the army might be used to a larger extent than they are at present as practical teachers of the enlisted men in the wards of certain large hospitals. The permanent teaching force of the Nurse Corps, she says, including perhaps a hundred nurses, should be of the highest possible standard, and those nurses should hold their positions virtually for life, as is now the case in England. "They should be regularly stationed at certain specified hospitals, but whenever an officer at a smaller hospital needs them for an epidemic or a critical case, he should—as he now can and does—telegraph for two or more nurses to be sent from the nearest large hospital." In addition to the permanent force, definite provision should be made for a war reserve corps of perhaps two thousand nurses drawn gradually from among the trained nurses of civil life and given special instruction in a military post-graduate course.

In the discussion which followed the reading of Dr. McGee's paper at the association's meeting Captain Myles Standish, M. V. M., spoke particularly in support of the author's teaching idea. It was an absolute necessity, he said, that the men who were to serve as nurses should be taught by trained nurses. Lieutenant-Colonel Valery Havard, of the army, said it had always been his idea that women nurses should by all means be employed in large hospitals, in base hospitals, in stationary hospitals, and possibly in field hospitals after the close of a campaign, but he very much doubted the propriety of introducing them into smaller hospitals, and, of course, they were out of the question at

the ambulance stations and on the field of battle. He did not think they should be employed in ordinary post hospitals, where the patients were comparatively few and could generally be tolerably well attended to by the Hospital Corps men. The president of the association, Lieutenant-Colonel J. V. Hoff, of the army, said he thought it would be agreed that "God made the nurse and that she was a woman." In the great army hospital and medical school that it was hoped would some day be built up in Washington there should be a department devoted to the training of women nurses.—*New York Medical Journal.*

IN a lecture given at the Lowell Institute Course, in Boston, Dr. H. P. Bowditch recently spoke upon the subject of "Some Problems of Modern Physiology." He treated particularly of "Foods and Relishes." By means of statistical, medical, and anatomical data he argued that man was clearly an omnivorous animal, and should derive his food from both the animal and vegetable kingdoms. The exclusion of either as a source of nourishment would lead to not altogether satisfactory results.

The matter of relishes he treated at considerable length, defining a relish as something which stimulates the nervous system and thus aids the digestive system. He classed alcohol as a relish, and said it is sometimes a food and sometimes a poison. Its properties are little understood by those who use it to excess. Alcohol does liberate energy, but the man who has taken sufficient to make him intoxicated could have secured as much protein material from a quarter of a pound of bread at much less monetary cost.

Its first effect when taken in more than small quantities is to cause the skin to become flushed and the pores to expand. Contrary to the general idea, this indicates that the body is in the process of cooling off and is losing its heat. Because of this property alcohol is now used extensively by physicians to lower the temperature of patients, and the man who drinks it before going on a sleigh-ride doesn't understand its properties.

The next effect of the alcohol on a man who has taken a large quantity of it is to affect the brain, the seat of the nervous system, and when this is affected he is unable to think clearly and loses control of the entire emotional system. Ordinarily when sober his clear mind has more or less perfect control of his emotions, but when intoxicated he loses this control and becomes hilarious, morose, or pugilistic, etc., as his nature leads him. That a man sometimes sees double is due to the inability to control the muscles of the eye. From the inability to control the muscles follows a state of coma. Alcohol, he said, in health is not a valuable food, but when one is recovering from sickness it may be of great use.

MR. DOOLEY declares that what is the rich man's recreation is the poor man's work; and that the poor are the only people "that know how to injye wealth." "Why do they do it?" asks Hennessy, listening to the story of the rich man taking exercise. "I dinnaw," says Dooley, "unless it is that th' wan great object in ivry man's life is to get tired enough to sleep. Ivrything seems to be some kind of wurruk. Wurruk is wurruk if you're paid to do it and it's pleasure if ye pay to be allowed to do it." In the same strain is Mr. Dooley's discussion of one of "the advantages of poverty." He describes the illness of a celebrity, the speculations as to his disease, the bulletins of the doctors, the account of all his internal organs, the inferences as to the effect of his high living and profligate

habits on his constitution, with the daily comments of the press; and he goes on: "An' there ye ar-re. Think iv a man comin' out in th' light iv day after all that. He can't get on clothes enough to cover him. He may bear himself with a haughty manner, but he feels that ivry man he meets knows more about him thin he knows himself. Th' fellow on th' sthreet has been within th' walls. He's sayin' to himself: 'Ye're a hollow sham composed akelly iv impaired organs an' antiseptic gauze.' To th' end iv his life, he'll niver be annything more thin an annytomical chart to his frinds. His privacy is over friver, fr what good can it do annywain, Hinnissy, to pull down th' blinds iv his bedroom if ivrybody knows exactly th' size, shape, an' location iv his spleen? No, sir, if I've got to be sick, give me th' ordhn'ry dacencies iv poverty. I don't want anny man to know anny more about me thin he can larn fr'm th' handiwork iv Marks, th' tailor, an' Schmitt, th' shoemaker, an' fr'm th' deceitful expression iv me face. If I have a bad heart, let him know it be me eyes. On me vest is written: 'Thus far an' no farther.' Theyse manny a man on intimate terms with th' King iv England to-day that don't know anny more about me thin that I'm broadcloth on Sunday an' serge on week days. An' I don't intind they shall. I hide behind th' privileges iv me position an' say: 'Fellow-citizens, dooks, an' journalists, I cannot inthrajoose ye to th' Inner Man. He's a recloose an' averse to scfety. He's modest an' shy an' objects to callers. Ye can guess what kind iv man I am, but I wudden't have ye know.' An' I can do that as long as I stay poor."



AT a recent lecture given under the auspices of the Committee on Prevention of Tuberculosis in New York Dr. J. H. Huddleston's subject was "Germs of Consumption: What They Are, and What They Do." The gist of Dr. Huddleston's address was as follows:

"Every person has five lines of defence:

- " (1) The hair in the nose sifts the air as it enters.
- " (2) The cilia, which are like a beard on the lining membrane of the air-vessels, serve by their motion to carry out germs which enter.
- " (3) If the germs get through the membranes of the lungs into the blood, they are sifted out by natural filters, which are usually called lymph-glands.
- " (4) If the germs pass still farther, they are attacked by phagocytes, which are the fighting cells of the body.
- " (5) The body itself is an unsuitable soil for the germs in many instances. This so-called natural immunity is affected by the environment; lessened, for example, by bad air and by bad hygienic surroundings; affected also by occupations. Some occupations injure the lungs by the dust which they throw off. Finally, it depends on the local condition of the part affected, which is often influenced by a pre-existing bronchitis or measles or influenza."

EDITORIAL COMMENT

THE two leading articles in this issue, on "Baths," written by graduates of two prominent training-schools, are representative nursing papers, such as we desire to give in every number of the JOURNAL. Nurses must teach nurses, not only in hospitals, but in private practice. There are still a number of interesting papers on "Typhoid" to be given, and we hope to supplement the "Bath" articles by a medical paper giving in popular form the therapeutic effect of water, not only in the treatment of fevers, but in its application to other forms of medical practice.

The application of hospital methods to the requirements of private practice call for great ingenuity on the part of private-duty nurses, and we especially want notes and suggestions upon these lines from the women engaged in private duty.

DR. ROWE's paper on "Hospital Administration," in so far as it deals with the duties and authority of the executive head, applies equally to men or women occupying such positions. More and more women are filling such positions, and the organization of the smaller institutions may well follow the lines that have been proven to be best in the larger and older hospitals. One point in his paper we wish especially to emphasize, and that is the plan he advocates for the appointment and promotion of house officers, and in this we speak from practical personal experience.

In those hospitals where the lives of the superintendent and the heads of all departments are made needlessly uncomfortable by the lawlessness of this one indispensable group of workers, the fault is in the form of organization rather than with individuals. In a hospital where there is harmony of administration we are sure to find that every person under the roof is subordinate in some degree to one executive head. Let any one department feel itself to be entirely independent of the control of the chief executive, and whether it be the kitchen, the laundry, the nursing, or the house staff, the relation of that department with the rest of the hospital will always be one of friction.

We would not be willing to admit for a moment that house officers as a class are a "peculiar people." They are simply very young men filled to the bursting point with important knowledge which they have not learned to apply to the practical affairs of life, and in just the degree that they are gentlemen, they *may* be made agreeable and harmonious members of the hospital family.

In large hospitals or small, the superintendent should have a voice in the selection of the house officers. It may be well for the medical staff to decide as to the professional qualities, but the personal and moral fitness of a young man to become a resident of the hospital family for two years should in a measure be left to the officer who must be held responsible for his conduct. Where the superintendent has a voice in the selection and promotion of the house staff, and where his or her signature is necessary upon the certificate issued to him by the hospital for satisfactory service, we venture to say there will be found very

little friction between the members of the house staff and the executive head or the heads of departments.

Every year the number of young medical men who clamor for hospital appointments far exceeds the positions to be filled. The hospital could well afford to exercise greater discipline in dealing with its house staff, to the lasting benefit of the young men and the vastly improved service of the hospital.

To many of our readers any discussion of the "house officer" or "resident staff" problem or even the subject of "hospital administration" may seem out of place in this JOURNAL, but the subjects are so interwoven with nursing interests, especially to that constantly increasing class of nurses who are hospital superintendents, that it seems to us impossible to draw sharply cut lines which shall place hospital interests on one side and nursing interests on the other. We do not agree with Dr. Rowe on all points, and we know the plan of organization he advocates does not receive the sanction of great numbers of our best women in training-school work, but it is what we personally have been accustomed to in occupying a superintendent's position in a small way, where it was possible to supervise the work more in detail than is practicable in a large institution, and where our knowledge of nursing requirements made the training-school always the first consideration. The "resident staff" problem to most women superintendents is difficult, and in that connection Dr. Rowe's paper seems of special value, and it also gives to the training-school superintendents an opportunity to reply to Dr. Rowe's proposition, and to state in the pages of this JOURNAL their objections, with the reasons for them, drawn from their own practical experience. When a gentleman of Dr. Rowe's liberal views sends a paper to a nursing journal he certainly is asking for the opinion of the great numbers of women in hospital work who have reason to be interested in hospital administration. What both men and women are seeking is a method which shall insure harmony with good discipline, and where the woman element in a hospital is so greatly in the majority, certainly the woman's voice should be heard. The advancement of nursing as a profession is of too vital importance to be ignored in the great question of hospital administration.

THE NEW YORK STATE MEETING

THE New York State Nurses' Association held its regular quarterly meeting at the Academy of Medicine in New York City on January 20. The first vice-president, Miss Julia E. Baily, occupied the chair, and the attendance at both sessions was very large, especially in the afternoon, when the visiting nurses filled the hall to overflowing.

There was little formal official business to come before the meeting, and the time was largely spent in discussing the bill and measures for successful legislation.

The opening address was made by Mrs. Cadwallader Jones, who has for many years been identified with training-school work as a member of the Board of Directors of the New York City Training-School on Blackwell's Island, and has been actively interested in the movement for State registration. It was through her intercession that the late Abram S. Hewitt signed the petition signifying his approval of the bill, and she explained that this was undoubtedly his last act in support of a public measure, and that he was a man who never was known to endorse a measure unless he sincerely believed in it. The text of

Mrs. Cadwallader-Jones's address will be given with the secretary's report in the next number of the *JOURNAL*.

The morning session was devoted to the reports of standing committees, that of Miss Allerton, chairman of the Legislative Committee, being most important. Miss Allerton stated that the bill was now in the hands of Senator Armstrong, who would present it within a few weeks, and she urged upon the nurses the necessity of individual work in seeing to it that the members of the Legislature from their home districts were informed in regard to the purport of the bill and urged to vote for it. Much time was spent at both sessions in amicable discussion of an exceedingly instructive character.

The out-of-town members were most delightfully entertained at luncheon at the Savoy Hotel by the Alumnae Association of the Presbyterian Hospital. The guests were seated at a long table, Miss Maxwell and Miss Kirkpatrick acting as hostesses, and the occasion was in every respect most charming and was greatly appreciated by those present.

The afternoon session opened with an address by Dr. Janeway, who expressed his cordial approval of the registration movement, and he emphasized the greater value of the measure from the fact that it was an independent action on the part of nurses for the protection of the public and the medical profession. Dr. Janeway reminded the nurses that every new movement received opposition at first, and referred to the early days of trained nursing, when the most enlightened medical men objected to trained nurses. Dr. William Sands Mills spoke briefly but strongly in support of the bill. Later it was shown that hundreds of medical men throughout the State had endorsed the petition in support of the bill, hardly a name of any note being missing from the list.

It was reported by the chairman of the Committee on Publication and Press that eighty-seven letters to medical societies and ninety-two letters to women's clubs had been sent out asking for the indorsement of the movement for registration, and that the replies, that were still coming in, had all been favorable.

In the evening the Bellevue Alumnae gave a theatre party to the out-of-town members, and the opportunity to see Sothern in "Hamlet" was indeed a rare treat. Through Miss Maxwell the members of the association were invited to visit the art gallery of Mr. H. O. Havemeyer, and on Thursday morning a party, made up principally of the out-of-town members, availed themselves of this rare privilege.

Taken as a whole, the meeting was a great success. The New York nurses were most hospitable in the entertainment provided, and the feeling of cordial good-fellowship was very greatly stimulated.

The next meeting, which will be the occasion of the annual election of officers, is to be held, as usual, in Albany the third Tuesday in April. The best time to join the society is before *that* meeting, and applications should be made immediately.

The important points brought out by the different speakers and in the discussions bearing upon the subject of State registration will be embodied in the secretary's report in the March number of the *JOURNAL*.

